

# 2020-03-09 Regular Meeting of the Truckee Surgery Center Board of Managers

Monday, March 9, 2020 at 12:00 p.m

Pine Street Cafe Conference Room - Tahoe Forest Hospital

10121 Pine Avenue, Truckee, CA 96161

# 2020-03-09 Regular Meeting of the Truckee Surgery Center Board of Managers

03/09/20 TSC Board of Managers

## AGENDA

2020-03-09 Regular Meeting of Truckee Surgery Center Board\_Agenda.pdf Page 3

ITEMS 1-5: See Agenda

## 6. APPROVAL OF MINUTES

2020-01-22 Special Meeting of Truckee Surgery Center Board\_DRAFT Minutes.pdf Page 5

## 7. ITEMS FOR BOARD ACTION

7.1. Appointments  
No related materials.

## 8. ITEMS FOR BOARD DISCUSSION

### 8.1. Financial Reports

8.1.1. TSC Quarterly 4Q2019.pdf Page 7

8.1.2. TSC 12.2019 BALANCE SHEET.pdf Page 10

8.1.3. TSC 12.2019 P & L.pdf Page 12

### 8.2. Limited License Practitioner Qualifications

8.2.a. Bylaw 2.2.2 section on Limited License Practitioners.pdf Page 16

8.2.b. DENTISTRY.pdf Page 18

8.2.c. PODIATRY.pdf Page 22

8.3. Future Provider Scheduling Update  
No related materials.

8.4. Staffing Update  
No related materials.

8.5. Facility/Equipment Update  
No related materials.

ITEMS 9-10: See Agenda



# TRUCKEE SURGERY CENTER REGULAR MEETING OF THE BOARD OF MANAGERS

## AGENDA

Monday, March 9, 2020 at 12:00 p.m.  
Pine Street Cafe Conference Room – Tahoe Forest Hospital  
10121 Pine Avenue, Truckee, CA 96161

**1. CALL TO ORDER**

**2. ROLL CALL**

**3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

**4. INPUT – AUDIENCE**

This is an opportunity for members of the public to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Board cannot take action on any item not on the agenda. The Board may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

**5. CLOSED SESSION**

**5.1. Approval of Closed Session Minutes** ◆

*01/22/2020*

**5.2. Hearing (Health & Safety Code § 32155)** ◆

*Subject Matter: 2019 Annual Quality Report*

**5.3. Hearing (Health & Safety Code § 32155)**

*Subject Matter: Preliminary HFAP Survey Report*

**5.4. Hearing (Health & Safety Code § 32155)** ◆

*Subject Matter: Medical Staff Credentials*

**6. APPROVAL OF MINUTES OF: 01/22/2020 ◆ ..... ATTACHMENT**

**7. ITEMS FOR BOARD ACTION**

**7.1. Appointments** ◆

Truckee Surgery Center Board of Managers will appoint the following positions: Medical Director, Radiology Director, Compliance Officer and Credentialing.

**8. ITEMS FOR BOARD DISCUSSION**

**8.1. Financial Reports**

Truckee Surgery Center Board of Managers will review the following financial reports:

**8.1.1.** Q4 2019 Medbridge Report..... ATTACHMENT

**8.1.2.** Balance Sheet – December 31, 2019..... ATTACHMENT

**8.1.3.** Profit & Loss Statement – December 31, 2019 ..... ATTACHMENT

**8.2. Limited License Practitioner Qualifications** ..... ATTACHMENT

Regular Meeting of the Truckee Surgery Center Board of Managers  
**March 9, 2020 AGENDA– Continued**

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Truckee Surgery Center Board of Managers will review and discuss qualifications for Limited License Practitioners.

**8.3. Future Provider Scheduling Update**

Truckee Surgery Center Board of Managers will receive an update on future provider scheduling.

**8.4. Staffing Update**

Truckee Surgery Center Board of Managers will receive a staffing update.

**8.5. Facility/Equipment Update**

Truckee Surgery Center Board of Managers will receive an update on facility and equipment needs.

**9. ITEMS FOR NEXT MEETING**

**10. ADJOURN**

\*Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions.

Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.

**TRUCKEE SURGERY CENTER  
SPECIAL MEETING OF THE  
BOARD OF MANAGERS**

**DRAFT MINUTES**

Wednesday, January 22, 2020 at 9:30 a.m.

Eskridge Conference Room – Tahoe Forest Hospital  
10121 Pine Avenue, Truckee, CA 96161

**1. CALL TO ORDER**

Meeting was called to order at 9:30 a.m.

**2. ROLL CALL**

Board: Harry Weis, Judy Newland, Crystal Betts

Staff: Courtney Leslie, Karla Weeks, Karen Baffone, Lisa Shebell, Martina Rochefort

*Absent: Dr. Jeff Dodd*

**3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

No changes were made to the agenda.

**4. INPUT – AUDIENCE**

No public comment was received.

**5. APPROVAL OF MINUTES OF: 12/09/2019 ◆**

**ACTION:** Motion made by Crystal Betts, seconded by Judy Newland, to approve the Truckee Surgery Center Minutes of December 9, 2019 as presented.

**AYES:** Weis, Newland, Betts

**Abstention:** None

**NAYS:** None

**Absent:** Dodd

Open Session recessed at 9:31 a.m.

**6. CLOSED SESSION**

**6.1. Approval of Closed Session Minutes**

*12/09/2019*

Discussion was held on a privileged item.

**6.2. Hearing (Health & Safety Code § 32155)**

*Subject Matter: Medical Staff Credentials Report*

Discussion was held on a privileged item.

**Open Session reconvened at 9:33 a.m.**

**7. ITEMS FOR NEXT MEETING**

- Discuss moving forward with HFAP accreditation
- Review of quarterly quality items

**8. ADJOURN**

**Meeting adjourned at 9:34 a.m.**

DRAFT

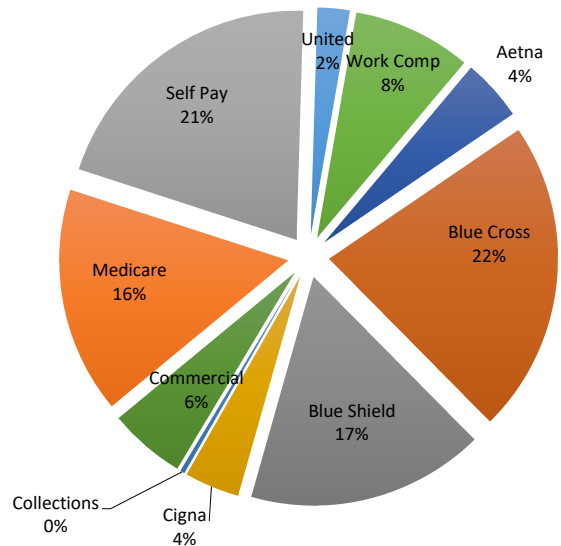
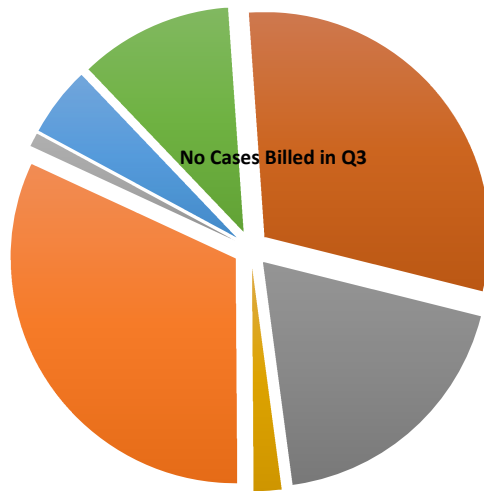
## Cases and Collections by Payer

Payer	Oct 2019			Nov 2019			Dec 2019			4th Quarter 2019		
	Cases	Collections	% Total	Cases	Collections	% Total	Cases	Collections	% Total	Cases	Collections	% Total
Aetna	0	\$0.00	0.00%	0	\$4,548.32	9.59%	0	\$0.00	0.00%	0	\$4,548.32	4.4%
Blue Cross	3	\$243.30	1.51%	12	\$3,436.00	7.25%	15	\$19,343.80	48.50%	30	\$23,023.10	22.3%
Blue Shield	5	\$299.67	1.87%	8	\$14,515.13	30.62%	6	\$2,653.07	6.65%	19	\$17,467.87	16.9%
Cigna	1	\$2,660.50	16.56%	0	\$0.00	0.00%	1	\$1,371.74	3.44%	2	\$4,032.24	3.9%
Collections	0	-\$600.00	-3.73%	0	\$0.00	0.00%	0	\$266.00	0.67%	0	-\$334.00	-0.3%
Commercial	0	\$3,476.18	21.63%	0	\$1,759.55	3.71%	0	\$385.06	0.97%	0	\$5,620.79	5.4%
Healthnet	0	\$0.00	0.00%	0	\$0.00	0.00%	0	\$0.00	0.00%	0	\$0.00	0.0%
Medicare	5	\$0.00	0.00%	14	\$7,686.87	16.21%	13	\$8,948.29	22.44%	32	\$16,635.16	16.1%
Self Pay	1	\$4,531.22	28.20%	0	\$10,645.31	22.45%	0	\$6,130.23	15.37%	1	\$21,306.76	20.6%
Tricare	0	\$0.00	0.00%	0	\$0.00	0.00%	0	\$0.00	0.00%	0	\$0.00	0.0%
United	2	\$0.00	0.00%	1	\$1,576.19	3.32%	2	\$785.88	1.97%	5	\$2,362.07	2.3%
Work Comp	3	\$5,457.19	33.96%	5	\$3,244.08	6.84%	3	\$0.00	0.00%	11	\$8,701.27	8.4%
Painblocks	0	\$0.00	0.00%	0	\$0.00	0.00%	0	\$0.00	0.00%	0	\$0.00	0.0%
<b>Totals</b>	<b>20</b>	<b>\$16,068.06</b>		<b>40</b>	<b>\$47,411.45</b>		<b>40</b>	<b>\$39,884.07</b>		<b>100</b>	<b>\$103,363.58</b>	

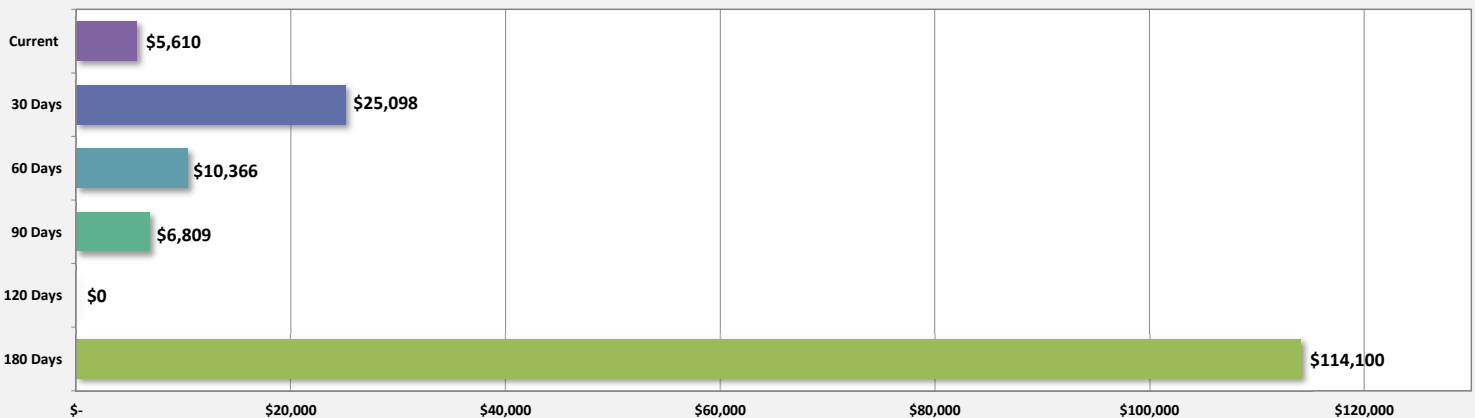
Cases by Payer

Collections by Payer

- Aetna
- Blue Cross
- Blue Shield
- Cigna
- Collections
- Commercial
- Healthnet
- Medicare
- Self Pay
- Tricare
- United
- Work Comp



## Accounts Receivable Aging





# Truckee Surgery Center

Monthly Comparison & Quarterly Totals

As of Dec 31, 2019

## Cases and Revenue by Physician

Physician	3rd Quarter 2019					4th Quarter 2019				
	Cases	% Total	Net Revenue	% Total	Rev/Case	Cases	% Total	Net Revenue	% Total	Rev/Case
Condon	0	0.0%	\$ -	0.0%	\$0.00	1	1.0%	\$ 1,082.00	0.6%	\$1,082.00
Dickinson	0	0.0%	\$ -	0.0%	\$0.00	0	0.0%	\$ -	0.0%	\$0.00
Dodd	0	0.0%	\$ -	0.0%	\$0.00	15	15.0%	\$ 42,572.56	25.5%	\$2,838.17
Foley	0	0.0%	\$ -	0.0%	\$0.00	0	0.0%	\$ -	0.0%	\$0.00
Ganong	0	0.0%	\$ -	0.0%	\$0.00	34	34.0%	\$ 26,557.63	15.9%	\$781.11
Gustafsson	0	0.0%	\$ -	0.0%	\$0.00	0	0.0%	\$ -	0.0%	\$0.00
Haeder	0	0.0%	\$ -	0.0%	\$0.00	5	5.0%	\$ 5,225.52	3.1%	\$1,045.10
Hagen	0	0.0%	\$ -	0.0%	\$0.00	8	8.0%	\$ 29,018.94	17.4%	\$3,627.37
Ringnes	0	0.0%	\$ -	0.0%	\$0.00	28	28.0%	\$ 62,575.18	37.5%	\$2,234.83
Saaremets	0	0.0%	\$ -	0.0%	\$0.00	1	1.0%	\$ -	0.0%	\$0.00
Painblocks	0	0.0%	\$ -	0.0%	\$0.00	8	8.0%	\$ -	0.0%	\$0.00
<b>Totals</b>	<b>0</b>		<b>\$ -</b>		<b>\$0.00</b>	<b>100</b>		<b>\$ 167,031.83</b>		<b>\$1,670.32</b>

## Cases and Collections - Rolling 12 Months

Collection Min  
\$13,386.96

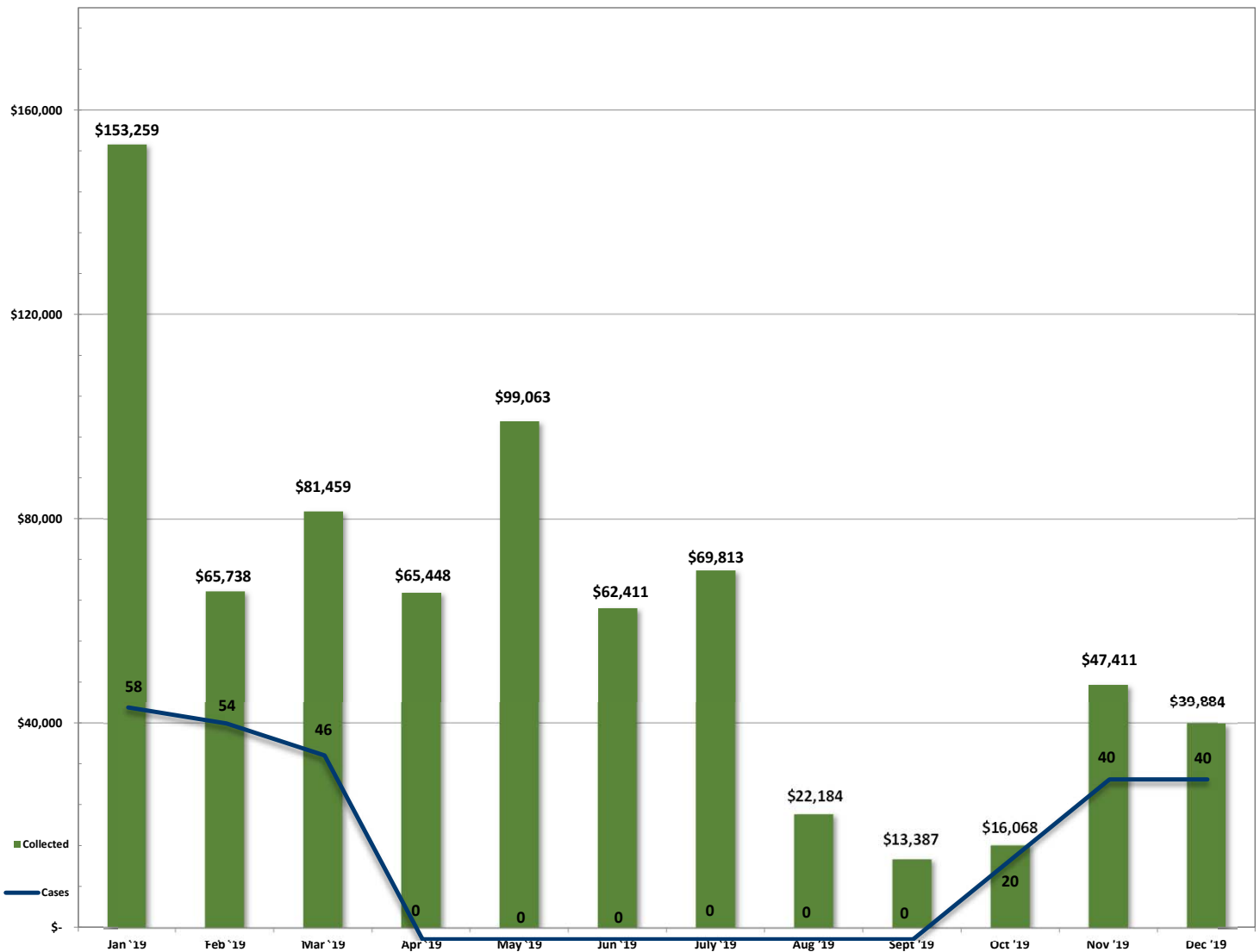
Collection Max  
\$153,258.50

Collection Average  
\$61,343.87

Cases Min  
0

Cases Max  
58

Cases Average  
22







# Truckee Surgery Center

## Monthly Comparison & Quarterly Totals

As of Dec 31, 2019

### Revenue - Booked vs Collected

Month	Cases	Revenue	Rev/Case	Open A/R	% Open	Collected	% Collected
Jan 2019	58	\$126,634.76	\$2,183.36	\$7,424.63	6%	\$116,731.97	92%
Feb 2019	54	\$129,501.25	\$2,398.17	\$2,698.46	2%	\$124,892.03	96%
Mar 2019	46	\$142,799.48	\$3,104.34	\$3,494.17	2%	\$130,585.64	91%
April 2019	0	\$0.00	\$0.00	\$0.00	0%	\$0.00	0%
May 2019	0	\$0.00	\$0.00	\$0.00	0%	\$0.00	0%
June 2019	0	\$0.00	\$0.00	\$0.00	0%	\$0.00	0%
July 2019	0	\$0.00	\$0.00	\$0.00	0%	\$0.00	0%
Aug 2019	0	\$0.00	\$0.00	\$0.00	0%	\$0.00	0%
Sept 2019	0	\$0.00	\$0.00	\$0.00	0%	\$0.00	0%
Oct 2019	20	\$47,047.33	\$2,352.37	\$8,182.40	17%	\$38,359.22	82%
Nov 2019	40	\$67,730.35	\$1,693.26	\$17,248.14	25%	\$50,613.41	75%
Dec 2019	40	\$52,254.15	\$1,306.35	\$22,325.49	43%	\$29,928.66	57%
<b>Totals</b>	<b>258</b>	<b>\$565,967.32</b>	<b>\$2,193.67</b>	<b>\$61,373.29</b>	<b>11%</b>	<b>\$491,110.93</b>	<b>87%</b>

### 4th Quarter QuickFacts

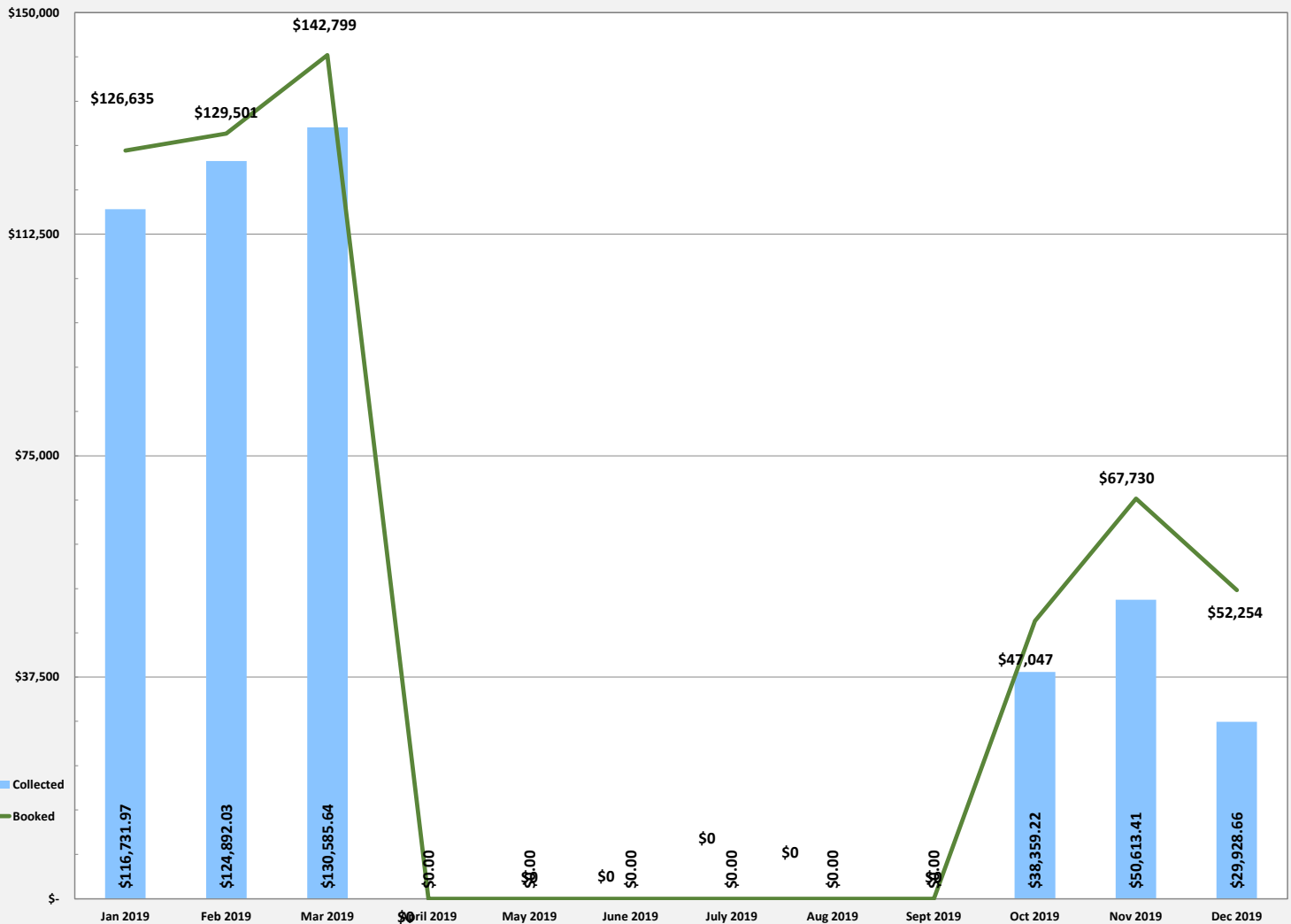
Cases: 100

Revenue: **\$167,031.83**

Collections: **\$103,363.58**

Outstanding Physician: Dodd 15% of cases, 25.5% of revenue

Outstanding Payer: Self Pay 1% of cases, 20.6% of collections



### Truckee Projects & Changes

~ Quarterly Updates ~

No DOS cases in Q2 or Q3

## Truckee Surgery Center LLC

## Balance Sheet

As of December 31, 2019

03/05/20

Accrual Basis

	Dec 31, 19	Nov 30, 19	Dec 31, 18
<b>ASSETS</b>			
<b>Current Assets</b>			
<b>Checking/Savings</b>			
Bank of the West	3,146.25	85,150.67	108,550.74
Petty Cash	55.49	55.49	84.99
<b>Total Checking/Savings</b>	3,201.74	85,206.16	108,635.73
<b>Accounts Receivable</b>			
<b>Accounts Receivable</b>			
Allowance for Doubtful Accounts	-105,772.66	-114,130.55	-105,521.54
Accounts Receivable - Other	304,097.94	302,306.30	403,804.03
<b>Total Accounts Receivable</b>	198,325.28	188,175.75	298,282.49
<b>Total Accounts Receivable</b>	198,325.28	188,175.75	298,282.49
<b>Other Current Assets</b>			
<b>Prepaid Expense</b>			
Medical Supplies	0.00	0.00	-925.00
Preventative Maint	4,342.25	4,653.98	0.00
Worker's Comp	2,477.02	2,889.85	0.00
Prepaid Expense - Other	2,767.52	3,060.39	0.00
<b>Total Prepaid Expense</b>	9,586.79	10,604.22	-925.00
<b>Total Other Current Assets</b>	9,586.79	10,604.22	-925.00
<b>Total Current Assets</b>	211,113.81	283,986.13	405,993.22
<b>Fixed Assets</b>			
Furniture & Fixtures	14,087.00	14,087.00	14,087.00
Instruments	27,805.38	27,805.38	27,805.38
Leasehold Improvements	988,287.99	853,418.00	853,418.00
Machinery & Equipment	87,129.12	87,129.12	87,129.12
Surgical & Medical Equipment	215,098.69	215,098.69	215,098.69
Accumulated Depreciation	-527,001.58	-535,712.27	-494,750.14
Goodwill	3,914,333.00	3,914,333.00	3,914,333.00
Accumulated Amortization	-2,348,600.38	-2,326,854.09	-2,087,644.90
<b>Total Fixed Assets</b>	2,371,139.22	2,249,304.83	2,529,476.15
<b>Other Assets</b>			
Rent Deposit	20,256.00	20,256.00	20,256.00
<b>Total Other Assets</b>	20,256.00	20,256.00	20,256.00
<b>TOTAL ASSETS</b>	<b>2,602,509.03</b>	<b>2,553,546.96</b>	<b>2,955,725.37</b>
<b>LIABILITIES &amp; EQUITY</b>			
<b>Liabilities</b>			
<b>Current Liabilities</b>			
<b>Accounts Payable</b>			
Accounts Payable	62,439.01	57,525.68	83,880.41
<b>Total Accounts Payable</b>	62,439.01	57,525.68	83,880.41
<b>Credit Cards</b>			
BankCard	1,772.00	116.63	4,859.87
<b>Total Credit Cards</b>	1,772.00	116.63	4,859.87

## Truckee Surgery Center LLC

## Balance Sheet

As of December 31, 2019

03/05/20

Accrual Basis

	Dec 31, 19	Nov 30, 19	Dec 31, 18
<b>Other Current Liabilities</b>			
Due to TFH	659,869.99	495,000.00	150,000.00
Franchise Tax Payable	-4,100.00	-4,100.00	0.00
Billing Fee Accrued	13,213.51	14,999.98	24,121.75
Compensated Absences	14,657.84	22,362.30	32,040.60
Payroll Liabilities	0.00	53.38	115.75
<b>Total Other Current Liabilities</b>	683,641.34	528,315.66	206,278.10
<b>Total Current Liabilities</b>	747,852.35	585,957.97	295,018.38
<b>Total Liabilities</b>	747,852.35	585,957.97	295,018.38
<b>Equity</b>			
Tahoe Forest Hospital			
Tahoe Forest Hospital Equity	2,986,307.79	2,986,307.79	2,986,307.79
<b>Total Tahoe Forest Hospital</b>	2,986,307.79	2,986,307.79	2,986,307.79
Truckee Surgery Center Inc			
Truckee Surgery Cntr Inc Equity	604,650.70	604,650.70	604,650.70
<b>Total Truckee Surgery Center Inc</b>	604,650.70	604,650.70	604,650.70
Retained Earnings	-930,251.50	-930,251.50	-628,268.94
Net Income	-806,050.31	-693,118.00	-301,982.56
<b>Total Equity</b>	1,854,656.68	1,967,588.99	2,660,706.99
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>2,602,509.03</b>	<b>2,553,546.96</b>	<b>2,955,725.37</b>

# Truckee Surgery Center LLC Profit & Loss YTD Comparison

03/05/20

December 2019

Accrual Basis

	Dec 19	Dec 18
<b>Ordinary Income/Expense</b>		
<b>Income</b>		
<b>Patient Revenue</b>		
Private Pay	630.00	1,352.00
Medbridge	39,731.05	181,888.31
Medical Record Copy Fee	75.00	30.00
<b>Total Patient Revenue</b>	40,436.05	183,270.31
<b>Refunds</b>		
Insurance Refund	0.00	0.00
Patient Refund	0.00	-2,728.92
<b>Total Refunds</b>	0.00	-2,728.92
<b>Total Income</b>	40,436.05	180,541.39
<b>Gross Profit</b>	40,436.05	180,541.39
<b>Expense</b>		
Purchased Services	0.00	0.00
Bad Debt	-8,357.89	-3,193.32
Billing Service	0.00	9,094.46
<b>General Office</b>		
Dues and Subscriptions	1,405.89	966.90
Office Supplies	2,782.07	578.60
Postage and Delivery	199.24	40.00
Printing and Reproduction	0.00	382.06
<b>Total General Office</b>	4,387.20	1,967.56
Liability Gen'l, Prof Insurance	919.16	533.09
Property Insurance Expense	0.00	188.21
Licenses and Permits	0.00	0.00
Linen	0.00	1,924.92
<b>Medical Supplies Total</b>		
Gas Medical	787.54	1,576.67
Implants	22,076.74	39,855.32
Instrument Expense	0.00	1,727.45
Medical Supplies	5,775.51	13,716.64
Pharmacy	3,073.36	5,954.10
Patient Nutrition	180.19	137.13
Medical Supplies Total - Other	0.00	0.00
<b>Total Medical Supplies Total</b>	31,893.34	62,967.31
<b>Other Expenses</b>		
Advertising & Promotion	1,046.58	0.00
Bank Charges	39.00	71.90
Cleaning Supplies	0.00	0.00
Educational	30.00	0.00
Equipment Rental/Lease	84.95	79.95
Meals & Entertainment	192.40	0.00
Merchant Fees	142.17	97.90
Miscellaneous	0.00	125.33
Travel	0.00	0.00
Other Expenses - Other	0.00	3.08
<b>Total Other Expenses</b>	1,535.10	378.16
<b>Payroll Expenses</b>		
<b>Health Insurance Total</b>		
Health	7,284.69	7,003.86
Dental	1,165.04	1,690.65
Vision	96.70	145.80
<b>Total Health Insurance Total</b>	8,546.43	8,840.31

**Truckee Surgery Center LLC**  
**Profit & Loss YTD Comparison**  
**December 2019**

	Dec 19	Dec 18
Employee Benefit	0.00	15.47
Payroll Taxes	2,288.08	2,230.82
Retirement Contribution	90.00	393.35
Service Fee	0.00	100.00
Wages	52,902.09	29,701.35
Work Comp	412.83	1,116.00
Payroll Expenses - Other	8,380.21	816.84
<b>Total Payroll Expenses</b>	<b>72,619.64</b>	<b>43,214.14</b>
<b>Professional Fees</b>		
Accounting	0.00	0.00
Consulting	0.00	0.00
Legal Fees	0.00	0.00
Pension Fees	307.00	0.00
Transcription Services	68.19	565.16
<b>Total Professional Fees</b>	<b>375.19</b>	<b>565.16</b>
<b>Rent &amp; CAM</b>	<b>13,723.44</b>	<b>13,318.32</b>
<b>Repairs</b>		
Building/Equipment Repairs	5,796.94	0.00
Instrument Refurbishing	0.00	0.00
Instrument Repairs	0.00	0.00
Maintenance-Preventative	11,670.89	3,723.75
<b>Total Repairs</b>	<b>17,467.83</b>	<b>3,723.75</b>
<b>Taxes</b>		
Property	1,463.49	1,438.18
State	0.00	500.00
Taxes - Other	0.00	0.00
<b>Total Taxes</b>	<b>1,463.49</b>	<b>1,938.18</b>
<b>Uncategorized Expenses</b>	<b>0.00</b>	<b>0.00</b>
<b>Utilities</b>		
Alarm Monitor	144.90	72.45
Cable	94.52	86.37
Gas and Electric	3,244.86	2,768.79
Medical Waste	0.00	102.60
Sewer	192.27	0.00
Telephone	629.71	472.71
<b>Total Utilities</b>	<b>4,306.26</b>	<b>3,502.92</b>
<b>Depreciation Expense</b>	<b>-8,710.69</b>	<b>3,723.83</b>
<b>Total Expense</b>	<b>131,622.07</b>	<b>143,846.69</b>
<b>Net Ordinary Income</b>	<b>-91,186.02</b>	<b>36,694.70</b>
<b>Other Income/Expense</b>		
Other Income		
Other Income	0.00	0.00
<b>Total Other Income</b>	<b>0.00</b>	<b>0.00</b>
<b>Other Expense</b>		
Amortization Expense	21,746.29	21,746.29
<b>Total Other Expense</b>	<b>21,746.29</b>	<b>21,746.29</b>
<b>Net Other Income</b>	<b>-21,746.29</b>	<b>-21,746.29</b>
<b>Net Income</b>	<b>-112,932.31</b>	<b>14,948.41</b>

**Truckee Surgery Center LLC**  
**Profit & Loss YTD Comparison**  
**December 2019**

	Jan - Dec 19
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
<b>Patient Revenue</b>	
Private Pay	18,312.55
Medbridge	648,412.00
Medical Record Copy Fee	165.00
<b>Total Patient Revenue</b>	666,889.55
<b>Refunds</b>	
Insurance Refund	-2,340.53
Patient Refund	-15,662.78
<b>Total Refunds</b>	-18,003.31
<b>Total Income</b>	648,886.24
<b>Gross Profit</b>	648,886.24
<b>Expense</b>	
<b>Purchased Services</b>	-55.84
<b>Bad Debt</b>	251.12
<b>Billing Service</b>	24,116.74
<b>General Office</b>	
Dues and Subscriptions	8,852.33
Office Supplies	12,634.13
Postage and Delivery	4,691.95
Printing and Reproduction	4,013.74
<b>Total General Office</b>	30,192.15
<b>Liability Gen'l, Prof Insurance</b>	-760.93
<b>Property Insurance Expense</b>	3,676.64
<b>Licenses and Permits</b>	1,944.00
<b>Linen</b>	16,382.06
<b>Medical Supplies Total</b>	
Gas Medical	8,895.48
Implants	203,795.94
Instrument Expense	4,003.19
Medical Supplies	39,036.38
Pharmacy	32,550.96
Patient Nutrition	1,185.45
Medical Supplies Total - Other	375.68
<b>Total Medical Supplies Total</b>	289,843.08
<b>Other Expenses</b>	
Advertising & Promotion	5,426.59
Bank Charges	898.60
Cleaning Supplies	9,237.73
Educational	1,879.64
Equipment Rental/Lease	1,584.23
Meals & Entertainment	874.47
Merchant Fees	973.53
Miscellaneous	0.00
Travel	1,682.52
Other Expenses - Other	20.00
<b>Total Other Expenses</b>	22,577.31
<b>Payroll Expenses</b>	
<b>Health Insurance Total</b>	
Health	52,645.43
Dental	6,370.57
Vision	907.60
<b>Total Health Insurance Total</b>	59,923.60

**Truckee Surgery Center LLC**  
**Profit & Loss YTD Comparison**  
**December 2019**

	Jan - Dec 19
Employee Benefit	377.34
Payroll Taxes	28,406.77
Retirement Contribution	2,586.38
Service Fee	205.00
Wages	351,180.78
Work Comp	1,680.98
Payroll Expenses - Other	12,430.16
<b>Total Payroll Expenses</b>	<b>456,791.01</b>
<b>Professional Fees</b>	
Accounting	5,420.00
Consulting	6,325.00
Legal Fees	146.00
Pension Fees	2,182.00
Transcription Services	1,517.87
<b>Total Professional Fees</b>	<b>15,590.87</b>
<b>Rent &amp; CAM</b>	<b>160,224.96</b>
<b>Repairs</b>	
Building/Equipment Repairs	22,519.81
Instrument Refurbishing	-303.93
Instrument Repairs	10,285.73
Maintenance-Preventative	48,481.59
<b>Total Repairs</b>	<b>80,983.20</b>
<b>Taxes</b>	
Property	17,536.57
State	0.00
Taxes - Other	8,179.85
<b>Total Taxes</b>	<b>25,716.42</b>
<b>Uncategorized Expenses</b>	<b>408.13</b>
<b>Utilities</b>	
Alarm Monitor	869.40
Cable	1,121.59
Gas and Electric	24,980.72
Medical Waste	473.90
Sewer	2,196.86
Telephone	5,706.24
<b>Total Utilities</b>	<b>35,348.71</b>
<b>Depreciation Expense</b>	<b>32,251.44</b>
<b>Total Expense</b>	<b>1,195,481.07</b>
<b>Net Ordinary Income</b>	<b>-546,594.83</b>
<b>Other Income/Expense</b>	
Other Income	
Other Income	1,500.00
<b>Total Other Income</b>	<b>1,500.00</b>
<b>Other Expense</b>	
Amortization Expense	260,955.48
<b>Total Other Expense</b>	<b>260,955.48</b>
<b>Net Other Income</b>	<b>-259,455.48</b>
<b>Net Income</b>	<b>-806,050.31</b>

## 2.2 QUALIFICATIONS FOR MEMBERSHIP

### 2.2.1 GENERAL QUALIFICATIONS

Only physicians, doctors of osteopathy, dentists, and podiatrists who:

- (a) Document their (1) current licensure, (2) adequate experience, education, and training, (3) current professional competence, (4) good judgment, and (5) adequate physical and mental health status, so as to demonstrate to the satisfaction of the Medical Staff that they are professionally and ethically competent and that patients treated by them can reasonably expect to receive quality medical care;
- (b) Are determined to (1) strictly adhere to the Code of Ethics of both the surgery center and the American Medical Association, American Dental Association, American Podiatry Association, or American Osteopathic Association, whichever is applicable, as well as this Medical Staff's Bylaws and Rules and Regulations and applicable policies of the Medical Staff and the Center, (2) be able to work cooperatively with others so as not to adversely affect patient care, (3) keep as confidential, as required by law, all information or records received in the physician-patient relationship, and (4) be willing to participate in and properly discharge those responsibilities determined by the Medical Staff;
- (c) Maintain in force professional liability insurance in not less than One Million Dollars (\$1,000,000) per occurrence and Three Million (\$3,000,000) in the aggregate. The MEC, for good cause shown, may waive this requirement with regard to such member as long as such waiver is not granted or withheld on an arbitrary, discriminatory or capricious basis;
- (d) Practice within the community within a reasonable distance of the Surgery Center; and
- (e) Maintain membership or affiliation in good standing at one of the local accredited acute care hospitals of which a transfer agreement is in place.

shall be deemed to possess basic qualifications for membership on the Medical Staff. If a practitioner does not meet these basic qualifications, he/she will not be provided an application to the TSC, LLC Medical Staff.

### 2.2.2 PARTICULAR QUALIFICATIONS

- (a) Physicians. An applicant for physician membership on the Medical Staff must hold an M.D. or D.O. degree, and must also



hold a valid and unsuspended license to practice medicine issued by the Medical Board of California or the Osteopathic Medical Board of California.

(b) **Limited License Practitioners:**

(1) **Dentists.** An applicant for dental membership on the Medical Staff must hold a D.D.S. or equivalent degree, and must also hold a valid and unsuspended certificate to practice dentistry issued by the Dental Board of California.

(2) **Podiatrists.** An applicant for podiatric membership on the Medical Staff must hold a D.P.M. degree, and must hold a valid and unsuspended certificate to practice podiatry issued by the Medical Board of California Board of Podiatric Medicine.

2.3 NONDISCRIMINATION

No aspect of Medical Staff membership or particular clinical privileges shall be denied on the basis of sex, race, age, creed, color, religion, ancestry, national origin, disability, medical condition, marital status or sexual orientation, or other considerations not impacting the applicant's ability to discharge the privileges for which s/he has applied or holds, if after reasonable accommodation, the applicant complies with the bylaws and Rules and Regulations.

2.4 BASIC RESPONSIBILITIES OF MEDICAL STAFF MEMBERSHIP

The ongoing responsibilities of each Medical Staff member include:

2.4.1 Providing patients with the quality of care meeting the professional standards of the Medical staff of TSC, LLC;

2.4.2 Abiding by the Medical Staff's bylaws and rules and regulations;

2.4.3 Preparing and completing in a timely fashion medical records for all the patients to whom the member provides care in the Surgery Center;

2.4.4 Abiding by the lawful ethical principles of the California Medical Association or member's professional association;

2.4.5 Working cooperatively with other members and staff so as not to adversely affect patient care; and

2,4.6 Refusing to engage in improper inducements for patient referral.

2.4.7 Not deceive a patient as to the identity of any practitioner providing care or service.

**TRUCKEE SURGERY CENTER, LLC**  
**Department of Surgery**

**Delineated Clinical Privilege Request**

**SPECIALTY: GENERAL DENTISTRY**

**NAME:** \_\_\_\_\_

Please print

**Application for privileges at Truckee Surgery Center, LLC (TSC, LLC)**

**Check One:**     **Initial**     **Change in Privileges**     **Renewal of Privileges**

To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:

<b>Basic Education:</b>	DDS, DMD
<b>Minimum Formal Training:</b>	Applicant must have graduated from a dental school recognized by the American Dental Association
<b>Required Previous Experience:</b> (required for new applicants)	<ul style="list-style-type: none"> <li>• Applicant must be able to document that he/she has managed at least 10 dental inpatient, outpatient, emergency service, or consultative procedures in the past 24 months.</li> <li>• Recent post doctoral training experience may be applicable.</li> <li>• If training has been completed within the past 5 years, documentation shall be requested from the program director attesting to your competency in the privileges requested including program log.</li> <li>• If training was completed greater than 5 years ago, documentation shall be requested from the chairman of the department at the facility where you have maintained active staff privileges attesting to your competency in the privileges requested.</li> </ul>
<b>Clinical Competency References:</b> (required for new applicants)	<p>Training director or appropriate department chair from another facility where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competency, ethical character and ability to work with others. At least one peer reference must be a DDS or DMD.</p> <p>Medical Staff Office will request information.</p>
<b>Proctoring Requirements:</b>	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring and evaluation may be required if a minimum number of cases cannot be documented.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA.</li> <li>• Malpractice insurance in the amount of \$1m/\$3m.</li> <li>• Current, unrestricted DEA certificate in CA (approved for all drug schedules).</li> <li>• Current State Pharmacy Certificate.</li> <li>• Ability to participate in federally funded programs (Medicare or Medicaid).</li> </ul>

**If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competency.**

**Any applicants who held the following privileges prior to the revision date are grandfathered for those privileges; however, all applicants must meet any new criteria defined for maintaining privileges (at reappointment) including Board maintenance or recertification for those applicants who have been on the medical staff less than 15 years.**

# TRUCKEE SURGERY CENTER, LLC

Department of Surgery – General Dentistry

Name: \_\_\_\_\_

**Applicant:** Place a check in the (R) column for each privilege **Requested**. Initial applicants must provide documentation of the number and types of cases treated during the past 24 months. **Privileges are available at TSC, LLC and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above.**

**Recommending individual/Committee must note:** (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – GENERAL DENTISTRY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus additional cases at discretion of proctor	Reappointment Criteria Based on current demonstrated competency and provision of care. Insufficient activity may require proctoring and/or additional CME
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Basic privileges in General Dentistry:</b></p> <ul style="list-style-type: none"> <li>• History and Physical examinations related to dental information. Co-admitting with a physician member of the medical staff required.</li> <li>• Basic privileges include ability to evaluate total oral health needs, work up and provide comprehensive general dental diagnostic, preventative, consultative, refer patients to appropriate specialists while preserving continuing care, and therapeutic oral health care to patients of all ages to correct or treat various routine conditions of the oral cavity. Basic privileges include:               <ul style="list-style-type: none"> <li>• Manage extremely fearful patients</li> <li>• Minor oral surgery                   <ul style="list-style-type: none"> <li>• Simple removal of teeth</li> <li>• Complicated removal of teeth</li> <li>• Alveolectomy, alveoloplasty, alveolotomy</li> <li>• Prosthetic replacement of teeth</li> <li>• Prosthetics</li> </ul> </li> <li>• Pathology                   <ul style="list-style-type: none"> <li>• Intraoral incision and drainage of minor infections</li> <li>• Minor biopsies</li> <li>• Root canal therapy</li> </ul> </li> <li>• Restorative Dentistry                   <ul style="list-style-type: none"> <li>• Operative restorations</li> <li>• Crown or bridge preparation</li> </ul> </li> <li>• Trauma                   <ul style="list-style-type: none"> <li>• Reimplantation and stabilization of avulsed and/or subluxated teeth</li> <li>• Repair of minor intraoral lacerations</li> </ul> </li> </ul> </li> </ul>	_____	TSC, LLC	First case proctored and 4 additional representative cases proctored	100 cases/2 years Related CME

# TRUCKEE SURGERY CENTER, LLC

Department of Surgery – General Dentistry

Name: \_\_\_\_\_

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – GENERAL DENTISTRY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus additional cases at discretion of proctor	Reappointment Criteria Based on current demonstrated competency and provision of care. Insufficient activity may require proctoring and/or additional CME
<input type="checkbox"/>	<input type="checkbox"/>	<p>REMOVAL FROM BASIC PRIVILEGES: Should applicant's current practice limitations or current competency exclude performance of any privileges specified in the I basic privileges listed above, please indicate here. Applicant and/or the Medical Executive Committee (MEC) must document reasons for exclusion. <b><u>If extensive list of exclusions, initial and cross out above.</u></b></p> <p>_____</p> <p>_____</p> <p>_____</p>				

REQUESTED	APPROVED	<b>SELECTED PROCEDURES</b> These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.  <b><u>In those areas with multiple procedures, initial and cross out those you are NOT requesting</u></b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus additional cases at discretion of proctor	Reappointment Criteria Based on current demonstrated competency and provision of care. Insufficient activity may require proctoring and/or required CME
<input type="checkbox"/>	<input type="checkbox"/>	<b>Intravenous Procedural Sedation</b> (see attached credentialing criteria)	N/A	TSC, LLC	Successful completion of competency test (initial appointment)	Maintain privileges requiring this procedure
<input type="checkbox"/>	<input type="checkbox"/>	Open or closed reduction of fractures of jaw or related structures  Documentation required of training and/or experience	_____	TSC, LLC	1 case proctored	1 case/2 years of proctoring required
<input type="checkbox"/>	<input type="checkbox"/>	Periodontal Surgery  Documentation required of training and recent experience	_____	TSC, LLC	1 case proctored	1 case/2 years of proctoring required
<input type="checkbox"/>	<input type="checkbox"/>	Dental implant surgery  Documentation required of training and recent experience	_____	TSC, LLC	1 case proctored	1 case/2 years of proctoring required



**TRUCKEE SURGERY CENTER, LLC**  
**Department of Surgery**

**Delineated Clinical Privilege Request**

**SPECIALTY: PODIATRY**

**NAME:** \_\_\_\_\_

Please print

**Application for privileges at Truckee Surgery Center (TSC, LLC)**

**Check One:**     **Initial**     **Change in Privileges**     **Renewal of Privileges**

To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:

<b>Basic Education:</b>	DPM
<b>Minimum Formal Training:</b>	<b>Category A:</b> Two years of CPME-approved residency training (at least 12 months in surgical residency) Board qualified or certified in foot surgery (ABPS) or American Board of Multiple Specialties in Podiatry (ABMSP) or <b>Category B:</b> Three years of CPME-approved residency (at least 24 months in surgical residency), or two years supplemented by fellowship training. Board qualified or certified in reconstructive rearfoot/ankle surgery, ABPS.
<b>Board Certification:</b>	Board qualification or Certification required in Podiatry Surgery (American Board of Multiple Specialties in Podiatry or American Board of Podiatric Surgery) within five years of completion of training program.
<b>Required Previous Experience:</b> (required for new applicants)	<ul style="list-style-type: none"> <li>• Applicant must be able to document that he/she has managed 15 patients in the past 2 years.</li> <li>• Recent residency training may be applicable.</li> <li>• If training has been completed within the past 5 years, documentation shall be requested from the program director attesting to your competency in the privileges requested including residency log.</li> <li>• If training has been completed greater than 5 years ago, documentation will be requested from the chairman of the department at the facility where you have maintained active staff privileges attesting to your competency in the privileges requested.</li> </ul>
<b>Clinical Competency References:</b> (required for new applicants)	Training director or appropriate department chair from another facility where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competency, ethical character and ability to work with others. (At least one peer reference must be a podiatrist.) Medical Staff Office will request information
<b>Proctoring Requirements:</b>	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring and evaluation may be required if a minimum number of cases cannot be documented.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA.</li> <li>• Current, unrestricted DEA certificate.</li> <li>• Malpractice insurance in the amount of \$1m/\$3m.</li> <li>• Ability to participate in federally funded programs (Medicare or Medicaid).</li> </ul>

**If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competency.**

**Any applicants who held the following privileges prior to the revision date are grandfathered for those privileges; however, all applicants must meet any new criteria defined for maintaining privileges (at reappointment).**

# TRUCKEE SURGERY CENTER, LLC

**Department of Surgery – Podiatry**

**Name:** \_\_\_\_\_

**Applicant:** Place a check in the (R) column for each privilege Requested. Initial applicants must provide documentation of the number and types of cases treated during the past 24 months. **Privileges are available at TSC, LLC and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above.**

**Recommending individual/department must note:** (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – PODIATRY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required
<p>A patient admitted for podiatric care is a dual responsibility involving the podiatrist and a physician member of the Medical Staff.</p> <p>(a) Podiatrist responsibilities:</p> <ol style="list-style-type: none"> <li>(1) A detailed podiatric history justifying the facility admission.</li> <li>(2) A detailed description of the examination of the lower extremity and a pre-operative diagnosis.</li> <li>(3) A complete operative report, describing the findings and technique.</li> <li>(4) Progress notes pertinent to the podiatric condition.</li> <li>(5) Clinical resume statement at the time of discharge.</li> </ol>						
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>CATEGORY A</b> Basic privileges include the co-admission, diagnosis, medical, surgical, mechanical, manipulative, consultation, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the non surgical treatment of muscles and tendons of the leg governing the functions of the foot. (Section 2472 of the Medical Practice Act). Basic privileges also include the performance of procedures in the following areas:</p> <ul style="list-style-type: none"> <li>• Capsulotomy/Tenotomy Digital M-P Joints</li> <li>• Digital Surgery</li> <li>• Osteotomy &amp; Ostectomy</li> <li>• Soft Tissue Repairs &amp; Excisions - Digits &amp; Forefoot</li> <li>• Fractures of Digits &amp; Metatarsals – (ORIF or Closed)</li> <li>• Bunionectomy</li> <li>• Bunionectomy with Osteotomy</li> <li>• Prosthesis of Great Toe Joint, lesser toe joints</li> <li>• Metatarsal Osteotomy &amp; Ostectomies</li> <li>• Excision of Soft Tissue Neoplasms, Foot</li> <li>• Fasciotomy, Plantar (Simple, Steindler)</li> <li>• Midfoot Osteotomies &amp; Arthrodesis)</li> <li>• Ostectomies of the Midfoot &amp; Rearfoot</li> <li>• Neurolysis of the Foot</li> <li>• Amputations of the Digits &amp; Forefoot</li> <li>• Fractures of the Forefoot &amp; Midfoot (ORIF or Closed)</li> <li>• Forefoot Arthroplasty - Head/Base Excisions</li> <li>• Osteomyelitis Management of the Forefoot and midfoot</li> <li>• Bone Graft Harvest from Foot</li> <li>• I&amp;D, Debridement of Foot infections</li> </ul>	_____	TSC, LLC	First case proctored and 4 add'l cases of various procedures	10 cases in 2 years Inpatient or outpatient
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>REMOVAL FROM GENERAL PRIVILEGES:</b> Should applicant's current practice limitations or current competency exclude performance of any privileges specified in the list of basic privileges, please indicate here. Applicant and/or the Medical Executive Committee (MEC) must document reasons for exclusion.</p> <p>_____</p> <p>_____</p> <p>_____</p>				

# TRUCKEE SURGERY CENTER, LLC

Department of Surgery – Podiatry

Name: \_\_\_\_\_

REQUESTED	APPROVED	<b>SELECTED PROCEDURES</b> These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.	Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>CATEGORY B</b> (initial and cross out those you are not requesting)</p> <p>Rearfoot and ankle</p> <p>Privileges include the admission, diagnosis, medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the non surgical treatment of the muscles and tendons of the leg governing the functions of the foot. (Section 2472 of the Medical Practice Act)</p> <p>Rearfoot and Ankle</p> <ul style="list-style-type: none"> <li>• Flatfoot Reconstruction with Osteotomy, Bone Grafts, etc.</li> <li>• Cavus Foot Reconstruction with Osteotomy, Fusions, etc.</li> <li>• Major Tendon Transfers Lengthening &amp; Repair of the Foot &amp; Leg</li> <li>• Ligamentoplasty Repair or Ankle Stabilization</li> <li>• Arthroereisis, with Implants, Hindfoot &amp; Ankle</li> <li>• Major Rearfoot Arthrodesis - Triple, Subtalar</li> <li>• Fractures of the Rearfoot - Tarsals (ORIF &amp; Closed Reductions)</li> <li>• Ankle Fractures (ORIF &amp; Closed Reductions)</li> <li>• Ankle Arthrodesis</li> <li>• Osteomyelitis Management - Hindfoot, Ankle</li> <li>• Flaps/Skin Grafts</li> <li>• I&amp;D, Debridement of Foot &amp; Ankle Infections</li> <li>• Neurolysis and Neurectomy of the Ankle</li> <li>• Excision of Soft Tissue Neoplasms</li> <li>• Clubfoot and Vertical Talus Release/Reconstruction</li> <li>• Hindfoot &amp; Ankle Osteotomies &amp; Cartilage Repair</li> <li>• Foot and Ankle, Arthroscopy (Diagnostic/Surgical)</li> <li>• Excision of Malignant Neoplasms of the Foot and Ankle</li> <li>• Amputations – Midfoot</li> <li>• Osteotomy – Ankle</li> <li>• Release of nerve entrapment</li> </ul>		TSC, LLC	First case proctored and 4 others of various procedures	10 cases in 2 years Inpatient or outpatient
<input type="checkbox"/>	<input type="checkbox"/>	Intravenous Procedural Sedation (see attached credentialing criteria)	NA		Take and pass the test	Maintain privileges requiring this procedure
<input type="checkbox"/>	<input type="checkbox"/>	<p>Fluoroscopy</p> <p>Submit copy of current Department of Health Services fluoroscopy certificate</p>	_____		None	Maintain current certificate
<input type="checkbox"/>	<input type="checkbox"/>	<p>Treatment of vascular conditions using injection, laser, electro-surgical or surgical excision</p> <p>Documentation of training and/or experience required for consideration</p>	_____		2 cases	2 cases
<input type="checkbox"/>	<input type="checkbox"/>	Surgical Assisting: May assist MD or DO	_____		0	0



# TRUCKEE SURGERY CENTER, LLC

Department of Surgery – Podiatry

Name: \_\_\_\_\_

	<b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medical Staff Office and will be forwarded to the appropriate review Committee to determine the need for development of specific criteria, personnel & equipment requirements.				
	<b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of their license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.				

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of TSC, LLC and its medical staff.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

### MEDICAL DIRECTOR REVIEW

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the applicant be granted:

privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director Signature

Modifications or Other Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEC:** \_\_\_\_\_ (date of Committee review/recommendation)

privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

**BOARD OF MANAGERS:** \_\_\_\_\_ (date of Board review/action)

privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)