



WEST MORRIS SURGERY CENTER  
66 SUNSET STRIP, SUITE 101  
SUCCASUNNA, NEW JERSEY 07876

**FACILITY IN-NETWORK DISCLOSURE**

Patient Name \_\_\_\_\_

Health Benefits Plan \_\_\_\_\_

- *West Morris Surgery Center* is in-network for the health benefits plan named above and your financial responsibility to this facility will be no greater than the in-network copayment, deductible, and/or coinsurance amount.
- You should contact the health care professional, such as your doctor, or the physician assistant or advanced practice nurse who ordered the services, to determine if they are

in-network or out-of-network for your health benefits plan.

- In some cases, health care professionals other than the one ordering the service may provide and bill for care in this facility. You can access information regarding the health benefits plans that these health care

professionals participate in on *our* website ([www.westmorrissurgery.com](http://www.westmorrissurgery.com)). If you do not have internet access, a copy of this information will be provided to you upon request.

- If you receive any bills from in-network providers for more than the in-network copayment, deductible, and /or coinsurance amount, you can report this information to your insurance carrier or to the Department of Health at (800)-792-9770. If the bill is from a health care professional, you should report this information to the appropriate professional licensing board in the Division of Consumer Affairs, Department of Law and Public Safety at (973)-504-6200. The amount you owe at an in-network provider will not be more than any in-network copayment, deductible, and/or coinsurance amount per your health benefits plan.
- If you specifically select an out-of-network provider, you will be asked to sign an acknowledgement of out-of-network provider services, which may exceed your in-network copayment, deductible, and/or coinsurance amount.
- You should contact your health benefits plan for information regarding your copayment, deductible and/or coinsurance amount. Contact information is typically found on the card provided to you by your health benefits plan.
- *WMSC* staff will notify you in the event the in-network status of *WMSC* changes before services are provided.

\_\_\_\_\_ I agree that I have read and understand this form and have been provided a copy of it.

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Patient's Signature

Date