WEST MORRIS SURGERY CENTER

OUT OF NETWORK DISCLOSURE FORM

On behalf of West Morris Surgery Center (hereinafter "health service provider" or "West Morris Surgery"), kindly accept this disclosure in accordance with P.L.2018 c. 32, ("Out-of-network Consumer Protection, Transparency, Cost Containment and Accountability Act") as it applies to health care providers and physicians. Pursuant to this new legislation, notice is required to be provided by all health care providers, physicians, and health centers, including West Morris Surgery, as follows:

Health care providers are required to inform patients whether or not they participate in certain health insurance plans. Please note that West Morris Surgery **is considered an "in-network" provider with/for the following insurance companies/plans:**

- **AETNA**
- **CHN (Consumer Health Network)**
- **PARADIGM**
- **HORIZON BCBS**
- **BCBS CASUALTY**
- **MEDICARE**

West Morris Surgery has agreed to accept the rate of reimbursement for services performed at West Morris Surgery Center as offered and reimbursed in accordance with these aforementioned plans, subject to co-pay, deductible, and/or co-insurance, as may be

applicable. **For all other plans/companies not listed above** West Morris Surgery is considered an "Out-of-Network" Provider. If you have any questions, or do not see your health insurance plan listed above, please contact a representative at West Morris Surgery Center to assist you.

West Morris Surgery is a Medicare participant; meaning West Morris Surgery will accept the rates of reimbursement in accordance with Medicare coverage provided to its patients subject to all applicable co-pay, deductible and/or co-insurance.

Please take notice that, upon request prior to the scheduling of non-emergency procedure(s), you may request in writing, the amount, or estimated amount that will be billed by West Morris Surgery for the medical treatment and/or health care service you receive .

You may be financially responsible for services provided that are deemed "out-of-network" by your health insurance carrier, including costs in excess of, but not limited to, co-pay, deductible, and/or coinsurance (if applicable). West Morris Surgery reserves the right to seek additional reimbursement from you for procedures or services in excess of those benefits provided by your health insurance benefits plan and/or rates of reimbursement allowed by your health benefits plan for "out-of-network" providers, in excess of, and in addition to, co-pay, deductible, or co-insurance (if applicable).

Please take notice that it is advised that you contact your insurance carrier with any questions and for further consultation on costs.

You can also contact West Morris Surgery Center at 862-244-8100 with questions.

West Morris Surgery, is required to provide you with the name, practice name, mailing address, and telephone number (if that information is known or available) for any health care provider providing services in conjunction with those provided by West Morris Surgery to the extent applicable, when that health care provider is providing the following services:

- Anesthesiology---Upon request
- Laboratory/Pathology—LabCorp or Pathline

You can find the contact information for these providers on the West Morris Surgery website.

Physicians' services provided at the facility are not included in the facility's charges. Your physician may or may not participate with the same health care plans as the facility. It is advisable for you to check with the physician arranging for services to determine the health benefits plans in which they participate.

Please note that by signing this document, you acknowledge that you have reviewed this document and have received all of the required disclosures listed above and that you hereby waive any challenge to the notice requirements contained within P.L. 2018, c.32, also known as "Out-of-network Consumer Protection, Transparency, Cost Containment and Accountability Act" and wish to proceed with your treatment/health service/health care at West Morris Surgery.

UNDERSTOOD AND AGREED:

Patient Signature Date

Patient Printed Name