

AFFILIATED AMBULATORY SURGERY, PC
182 SOUTH STREET, SUITE 1, MORRISTOWN, NJ 07960
(973) 267-0300
WWW.AFFILIATEDAMBULATORYSURGERY.COM

FACILITY IN-NETWORK DISCLOSURE

Patient Name: _____ Account #: _____

Date of Birth: _____ Health Plan: _____

- Affiliated Ambulatory Surgery is in-network for the health benefits plan named above and your financial responsibility to this facility will be no greater than your in-network copayment, deductible, and/or coinsurance amount.
- You should contact your health care professional, such as your doctor, or the physician assistant or advance practice nurse who ordered the services, to determine 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 expect for services to be provided by:
 - _____ Kristyna H. Lee, M.D.
 - _____ Alexander Dane, D.O.
 - _____ Arlene Rogachefsky, M.D.
 - _____ Audrey Beirne, M.D.
 - _____ Adriana Lombardi, M.D.
- You can access information regarding the health benefits plans that these health care professionals participate in on Affiliated Ambulatory Surgery's website at www.affiliatedambulatorysurgery.com. If you do not have internet access, a copy of this information will be provided to you upon request by Affiliated Ambulatory Surgery.
- If you receive any bills from in-network providers for more than your in-network copayment, deductible, and/or coinsurance amount, you should report this information to your insurance carrier and, if the bill is from Affiliated Ambulatory Surgery, 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 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.
- Affiliated Ambulatory Surgery's staff will notify you in the event the in-network status of Affiliated Ambulatory Surgery changes before services are provided.

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

Patient Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____