

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

**FACILITY OUT-OF-NETWORK DISCLOSURE**

Patient Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Health Plan: \_\_\_\_\_

- Affiliated Ambulatory Surgery is out-of-network for the health benefits plan named above.
- The total amount you owe may be more than the copayment, deductible, and/or coinsurance amount required by your health benefits plan.
- You may be charged the difference between what your health benefits plan pays Affiliated Ambulatory Surgery and what is Affiliated Ambulatory Surgery's charge for the services provided.
- You should contact the health care professional ordering the services to be provided in Affiliated Ambulatory Surgery to determine if he or she is in-network or out-of-network for your health benefits plan.
- 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.
- 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 these health care professionals participate in on Affiliated Ambulatory Surgery's website at [www.affiliatedambulatorysurgery.com](http://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.

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

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_