

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

**SELF-FUNDED PLAN OUT-OF-NETWORK DISCLOSURE**

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

Date of Birth: \_\_\_\_\_ Self-Funded Plan: \_\_\_\_\_

- Affiliated Ambulatory Surgery is out-of-network for the self-funded 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 self-funded plan pays Affiliated Ambulatory Surgery and what is Affiliated Ambulatory Surgery's charge for the services provided.
- You should contact your self-funded plan administrator 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.
- 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 self-funded plan.
- You should contact your self-funded plan administrator for information regarding whether they have opted into in-network coverage for out-of-network services provided inadvertently or in an emergency or on an urgent basis. Billing disputes with self-funded plans that have opted into in-network coverage for services rendered in an emergency or on an urgent basis may be resolved through arbitration. Contact information is typically found on the card provided to you by your self-funded 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:** \_\_\_\_\_