

CLIFTON SURGERY CENTER AFFILIATED PROVIDERS

Dear Patient:

On behalf of Clifton Surgery Center (hereinafter "health service provider" or "Clifton 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 facilities, as follows:

Please take note that Clifton Surgery is affiliated and/or utilizes the services of the following facilities and/or health care providers in conjunction with treatment rendered in/at Clifton Surgery. During the course of your care here at Clifton Surgery, you may be treated by or referred to one of the following health care providers:

- Oradell Anesthesia Associates, LLC
1117 Route 46 East
Suite 201
Clifton New Jersey 07013
(973) 777-5444
- Accurate Monitoring, LLC
700 Route 46 East
Suite 420
Fairfield, New Jersey 07044
(973) 882-3456
www.accuratemonitoring.com
- CBL Path, Inc.
760 Westchester Avenue
Rye Brook, New York 10573
(877) 225-7284
www.cblpath.com
- Dianon Pathology, Inc.
Several Locations
(800) 328-2666
www.dianon.com
- Lab Corp.
Multiple Facilities and Locations
www.labcorp.com

Please be advised that Clifton Surgery makes no representations or assertions regarding whether these secondary health care providers participate in any health insurance plans nor whether these secondary health care providers accept certain kinds of health insurance. **You may be responsible for costs associated with treatment or services rendered by these providers in addition, and not limited to, all applicable co-pay, deductible, and co-insurance.** If you have further questions regarding a health care provider listed above that may be involved with your care here at Clifton Surgery, please contact Clifton Surgery, the provider, or your health insurance provider/carrier directly for more information.

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 Clifton Surgery.

UNDERSTOOD AND AGREED:

Patient Signature

Patient Printed Name

Date