

CLIFTON SURGERY CENTER OUT OF NETWORK DISCLOSURE FORM

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 health centers, including Clifton Surgery, as follows:

Pursuant to the above captioned legislation, health care providers are required to inform patients whether or not they participate in certain health insurance plans. Please note, in accordance with this requirement, accept notice that Clifton Surgery **is considered an “in-network” provider with/for the following insurance companies/plans:**

- **CIGNA**
- **EMPIRE BLUE CROSS/BLUE SHIELD**
- **GHI**
- **1199 NATIONAL BENEFIT FUND**
- **ONE HEALTH**
- **FIRST HEALTH MANAGED CARE OPTIONS**

Clifton Surgery has agreed to accept the rate of reimbursement for services performed at Clifton 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** Clifton 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 Clifton Surgery Center to assist you.

Clifton Surgery **is** a Medicare participant; meaning Clifton 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.

Pursuant to the above captioned legislation, please take notice that, upon request prior to the scheduling of non-emergency procedure(s), you may receive, in writing, the amount, or estimated amount that will be billed by Clifton Surgery for the medical treatment and/or health care service you receive from Clifton Surgery. This disclosure will include the Current Procedural Terminology (CPT) Codes associated with the service or procedure.

Pursuant to the above captioned legislation, please take notice that 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). Clifton 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 health benefits plan with any questions and for further consultation on costs.

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Please take notice that Clifton 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 Clifton Surgery, to the extent applicable, when that health care provider is providing the following services:

- Anesthesiology;
- Laboratory;
- Pathology;
- Radiology; or
- Assistant surgeon services.

In the event that Clifton Surgery schedule you for facility admission or outpatient facility services, please take notice that you are entitled to the following information:

- When scheduling facility admission or outpatient facility services, a health care provider is required to:
 1. Provide you with the name, practice name, mailing address, and telephone number of any other physician whose services are scheduled at the time of pre- admission, testing, registration, or admission when non-emergency services are scheduled;
 2. Provide information on how to determine the health benefits plans in which the other physician participates; and
 3. Recommend that you contact your health benefits plan for consultation on costs.

Please take notice that if the status of a health care professional changes with respect to the health care professional(s) network status, between the time of the disclosures and the provision of the procedure, Clifton Surgery shall notify you of the change, if known to Clifton Surgery.

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

Date

Patient Printed Name