

Date \_\_\_\_\_

**Notice of the Out-of-network Consumer Protection, Transparency,  
Cost Containment and Accountability Act**

This act was implemented as of August 30, 2018 in order to protect consumers from obtaining care from an out of network provider without their consent or knowledge

Please initial each paragraph:

In respect to your covered health benefits plan; our office Integrative OB/GYN Medical is out an out of network facility for your policy plan. All anticipated costs have been reviewed with me ahead of time by the staff \_\_\_\_\_

I have chosen to utilize Integrative OBGYN for the global maternity care, including all of my in-office visits, delivery and postnatal care up to 12 weeks after delivery \_\_\_\_\_

I understand that any lab fees or hospital fees are not part of my coverage with Integrative OBGYN and I am able to discuss these fees with my carrier, Integrative OBGYN uses Quest labs, Atlas lab, Medlabs and Natera labs for all of our blood work \_\_\_\_\_

For specific questions about the hospital fees please refer to your carrier. Hackensack University Medical Center is in network will ALL commercial insurance carriers including NJ Medicaid. They are out of network for out of state Medicaid plans \_\_\_\_\_

After review of my potential uncovered and out of pocket costs, I have voluntarily, and specifically selected this out-of-network provider Integrative OBGYN Medical to provide services for my health care. The physicians and providers associated with this office are Dr. Yaakov Abdelhak, Dr. Amanda Resnikoff, Dr. Jonathan Ratzersdorfer and Kristin Mallon, CNM, MS and they all operate out of 21 McWilliams Place, Jersey City, NJ 07649 and Maternal Resources at 358 Beech Street Hackensack NJ 07601 and Hackensack University Medical Center at 30 Prospect Hackensack NJ 07601. \_\_\_\_\_

The services that are provided by our office include but are not limited to: medical in-office visits, ultrasounds, obstetrics and gynecological services and in hospital obstetrical and gynecological services. \_\_\_\_\_

As reviewed by our billing specialist Jessica and /or Katherine (circle one) I understand my estimate is \_\_\_\_\_.

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_