



Joint Commission Accredited



ENDO-SURGICENTER

endosurgicenter.com

*Specialists in Outpatient Gastrointestinal Endoscopy, Pain Management and Surgery
"We are making quality a top Priority"*

FACILITY IN-NETWORK DISCLOSURE

_____ and _____
Patient Name Health Benefits Plan

- Endo Surgi Center, P.A. is in-network for the health benefits plan named above and your financial responsibility to this facility will be no greater than your in-network copayment, deductible, and/or coinsurance amount.
- You should contact the health care professional, such as your doctor, or the physician assistant or advance practice nurse who ordered the services, to determine if they are in-network or out-of-network for 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 Physician Name: _____ . You can access information regarding the health benefits plans that these health care professionals participate in on Endo Surgi Center, P.A. website at endosurgicenter.com. If you do not have internet access, a copy of this information will be provided to you upon request by Endo Surgi Center, P.A.
- If you receive any bills from in-network providers for more than your in-network copayment, deductible, and/or coinsurance amount, you should report this information to your insurance carrier and, if the bill is from Endo Surgi Center, P.A. to the Department of Health at (800) 792-9770. If the bill is from a health care professional, you should report this information to the appropriate professional licensing board in the Division of Consumer Affairs, Department of Law and Public Safety at (973) 504-6200.

The amount you owe an in-network provider will not be more than any in-network copayment, deductible, coinsurance amount per your health benefits plan.

- If you specifically select an out-of-network provider, you will be asked to sign an acknowledgement of out-of-network provider services, which may exceed your in-network copayment, deductible, and/or coinsurance amount.
- 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.
- Endo Surgi Center, P.A. staff will notify you in the event the in-network status of Endo Surgi Center, P.A. changes before services are provided.

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

Patient's Signature

Date