



Joint Commission Accredited



# ENDO-SURGICENTER

endosurgicenter.com

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

## **SELF-FUNDED PLAN IN-NETWORK DISCLOSURE**

\_\_\_\_\_ and \_\_\_\_\_  
Patient Name Self-Funded Plan

- Endo Surgi Center, P.A. is in-network for the self-funded 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 self-funded plan.
- In some cases, health care professionals other than the one ordering the service may provide and bill for care. 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. Services may be provided on an out-of-network basis in regard to your self-funded plan. If you do not have internet access, a copy of this information shall 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 self-funded plan administrator 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 self-funded plan administrator for information regarding your copayment, deductible and/or coinsurance amount and whether or not they have opted into in-network coverage for out-of-network services provided inadvertently or in an emergency or 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.
- 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