Hackensack Meridian
Palisades Medical Center

HMH - Palisades Medical Center
7600 River Road North Bergen NJ 07047 - 201.854.5000
www.hackensackmeridianhealth.org

FACILITY IN-NETWORK DISCLOSURE

Patient Name: _____ Health Benefits Plan: _____

- HMH-Palisades Medical Center 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 services to be provided by other consultants requested by your physician, services may include but not limited to anesthesia, lab, radiology, etc. You can access information regarding the health benefits plans that these health care professionals participate in on HMH Palisades Medical Center website at **www.hackensackmeridianhealth.org** . If you do not have internet access, a copy of this information will be provided to you upon request by HMH-Palisades Medical Center.
- 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 HMH-Palisades Medical Center, 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.
- HMH-Palisades Medical Center staff will notify you in the event the in-network status of HMH-Palisades Medical Center changes before services are provided.

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

_____ _____

Patient Signature **Date**

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FACILITY IN-NETWORK DISCLOSURE

Patient Name: _____ Health Benefits Plan: _____

• HMH-Palisades Medical Center is in-network for the health benefits plan named above and your financial

• HMH-Palisades Medical Center is out-of-network for the health benefits plan named above.

• The total amount you owe may be more than the copayment, deductible, and/or coinsurance amount required by your health benefits plan.

• You may be charged the difference between what your health benefits plan pays HMH-Palisades Medical Center and what the HMH-Palisades Medical Center charge for the services provided.

• You should contact the health care professional ordering the services to be provided in HMH-Palisades Medical Center to determine if he or she is in-network or out-of-network for your health benefits plan.

• 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.

• 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: other consultants requested by your physician, services may include but not limited to anesthesia, lab, radiology, etc. You can access information regarding the health benefits plans that these health care professionals participate in on HMH-Palisades Medical Center website at **www.hackensackmeridianhealth.org** . If you do not have internet access, a copy of this information will be provided to you upon request by HMH-Palisades Medical Center.

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Patient Name: _____ Health Benefits Plan: _____

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• The total amount you owe may be more than the copayment, deductible, and/or coinsurance amount required by your self-funded plan.

• You may be charged the difference between what your self-funded plan pays HMH-Palisades Medical Center and what the HMH-Palisades Medical Center charge for the services provided.

• You should contact your self-funded plan administrator for information regarding your copayment, deductible and/or coinsurance amount. Contact information is typically found on the card provided to you by your self funded plan.

• You should contact the health care professional ordering the services to determine if he or she is in-network or out-of-network for your self-funded plan.

• You should contact your self-funded plan administrator for information 'copayment regarding whether they have opted into in-network coverage for out-of-network services provided inadvertently or in an emergency or on an 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.

• 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: other consultants requested by your physician, services may include but not limited to anesthesia, lab, radiology, etc. You can access information regarding the health benefits plans that these health care professionals participate in on HMH-Palisades Medical Center website at **www.hackensackmeridianhealth.org** . 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 HMH-Palisades Medical Center.

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Patient Signature **Date**

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