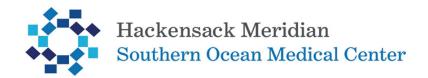


FACILITY IN-NETWORK DISCLOSURE

Patient Name:	Health Benefits Plan:
	Ocean Medical Center is in-network for the health benefits plan named above and your sibility to this facility will be no greater than your in-network copayment, deductible, and/or unt.
	he health care professional, such as your doctor, or the physician assistant or nurse who ordered the services, to determine if they are in- network or out-of-network nefits plan.
care in this facility physician, service information regard Southern Ocean N	th care professionals other than the one ordering the service may provide and bill for . You can expect services to be provided by other consultants requested by your s may include but not limited to anesthesia, lab, radiology, etc. You can access ling the health benefits plans that these health care professionals participate in on HMH Medical Center website at www.hackensackmeridianhealth.org . If you do not have copy of this information will be provided to you upon request by HMH-Southern Ocean
and/or coinsuranc from HMH-Southe If the bill is from a	poills from in-network providers for more than your in-network copayment, deductible, e amount, you should report this information to your insurance carrier and, if the bill is rn Ocean Medical Center, to the Department of Health at (800) 792-9770. health care professional, you should report this information to the appropriate sing board in the Division of Consumer Affairs, Department of Law and Public Safety at
	we an in-network provider will not be more than any in-network copayment, deductible, int per your health benefits plan.
	ect an out-of-network provider, you will be asked to sign an acknowledgement of ovider services, which may exceed your in-network copayment, deductible, and/or unt.
	our health benefits plan for information regarding your copayment, deductible e amount. Contact information is typically found on the card provided to you by your in.
	an Medical Center staff will notify you in the event the in-network status of cean 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 Signat	ure Date



FACILITY OUT-OF-NETWORK DISCLOSURE

Patient Name:	Health Benefits Plan:
HMH-Southern Ocean Medical	al Center is out-of-network for the health benefits plan named above.
The total amount you owe ma required by your health ber	y be more than the copayment, deductible, and/or coinsurance amount efits plan.
	rence between what your health benefits plan pays HMH-Southern Ocean the HMH-Southern Ocean Medical Center charge for the services provided.
	care professional ordering the services to be provided in HMH-Ocean Medical she is in-network or out-of-network for your health benefits plan.
	h benefits plan for information regarding your copayment, deductible and/or act information is typically found on the card provided to you by your health benefits
this facility. You can expect services may include but no health benefits plans that the website at <a href="https://www.hackensac.com/www</td><td>ofessionals other than the one ordering the service may provide and bill for care in for services to be provided by: other consultants requested by your physician, of limited to anesthesia, lab, radiology, etc. You can access information regarding the lese health care professionals participate in on HMH-Southern Ocean Medical Center kmeridianhealth.org . If you do not have internet access, a copy of this information in request by HMH-Southern Ocean Medical Center.	
I agree that I have read and unders	and this form and have been provided a copy of it.

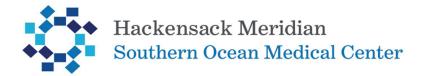
Date

Patient's Signature



SELF-FUNDED PLAN OUT-OF-NETWORK DISCLOSURE

Patient Name:	Health Benefits Plan:
• HMH-Southern Oce	an Medical Center is out-of-network for the self-funded plan named above.
The total amount you by your self-funder	ou owe may be more than the copayment, deductible, and/or coinsurance amount required ed plan.
	d the difference between what your self-funded plan pays HMH-Southern Ocean Medical is the HMH-Southern Ocean Medical Center charge for the services provided.
	your self-funded plan administrator for information regarding your copayment, deductible se amount. Contact information is typically found on the card provided to you by your self
	the health care professional ordering the services to determine if he or she is in-network or your self-funded plan.
have opted into ir on an urgent basi services rendered	your self-funded plan administrator for information 'copayment regarding whether they -network coverage for out-of-network services provided inadvertently or in an emergency or s. Billing disputes with self-funded plans that have opted into in-network coverage for I in an emergency or on an urgent basis may be resolved through arbitration. Contact cally found on the card provided to you by your self-funded plan.
You can expect for include but not lind benefits plans that website at www.l	Ith care professionals other than the one ordering the service may provide and bill for care. It services to be provided by: other consultants requested by your physician, services may nited to anesthesia, lab, radiology, etc. You can access information regarding the health these health care professionals participate in on HMH-Southern Ocean Medical Center mackensackmeridianhealth.org. Services may be provided on an out-of-network basis in f-funded plan. If you do not have internet access, a copy of this information shall be provided set by HMH-Southern Ocean Medical Center.
I agree that I have read ar	d understand this form and have been provided a copy of it.
	<u> </u>
Patient Signature	Date



SELF-FUNDED PLAN IN-NETWORK DISCLOSURE

to

Patient Name:	Health Benefits Plan:
	Medical Center is in-network for the self-funded plan named above and your financial responsibility to greater than your in-network copayment, deductible, and/or coinsurance amount.
	he health care professional, such as your doctor, or the physician assistant or advance practice the services, to determine if they are in-network or out-of-network for your self-funded plan.
expect for services t to anesthesia, lab, ra professionals partici Sen/ices may be pro	care professionals other than the one ordering the service may provide and bill for care. You can to be provided by: other consultants requested by your physician, services may include but not limited adiology, etc. You can access information regarding the health benefits plans that these health care pate in on HMH-Southern Ocean Medical Center website at www.hackensackmeridianhealth.org ovided on an out-of-network basis in regard to your self-funded plan. If you do not have internet is information shall be provided to you upon request by HMH-Southern Ocean Medical Center.
amount, you should Ocean Medical Cen should report this in	from in-network providers for more than your in-network copayment, deductible, and/or coinsurance report this information to your self-funded plan administrator and, if the bill is from HMH Southern ter, to the Department of Health at (800) 792-9770. If the bill is from a health care professional, you formation to the appropriate professional licensing board in the Division of Consumer Affairs, and Public Safety at (973) 504-6200.
	an in-network provider will not be more than any in-network copayment, deductible, t per your health benefits plan.
	ect an out-of-network provider, you will be asked to sign an acknowledgement of out-of-network s, which may exceed your in-network copayment, deductible, and/or coinsurance amount.
coinsurance amount inadvertently or on a coverage for service	ur self-funded plan administrator for information regarding your copayment, deductible and/or t and whether or not they have opted into in-network coverage for out-of-network services provided an emergency or urgent basis. Billing disputes with self-funded plans that have opted into in-network es rendered in an emergency or on an urgent basis may be resolved through arbitration. Contact illy found on the card provided to you by your self-funded plan.
	ledical Center staff will notify you in the event the in-network status of HMH-Southern r changes before services are provided.
I agree that I have read and	d understand this form and have been provided a copy of it.
Patient's Signature	