

HMH - Old Bridge Medical Center 530 New Brunswick Avenue, Perth Amboy, NJ 08861 - 732.324.5059

www.hackensackmeridianhealth.org

FACILITY IN-NETWORK DISCLOSURE

| Patient Name: | Health Benefits Plan: |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | e Medical Center is in-network for the health benefits plan named above and your financial his facility will be no greater than your in-network copayment, deductible, and/or bunt. |
| | the 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 Old Bridge Medica | th care professionals other than the one ordering the service may provide and bill for a You can expect services to be provided by other consultants requested by your as may include but not limited to anesthesia, lab, radiology, etc. You can access ding the health benefits plans that these health care professionals participate in on HMH al Center website at www.hackensackmeridianhealth.org . If you do not have internet f this information will be provided to you upon request by HMH-Old Bridge Medical Center. |
| and/or coinsurand from HMH-Old Bri If the bill is from a | bills from in-network providers for more than your in-network copayment, deductible, see amount, you should report this information to your insurance carrier and, if the bill is dge 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 |
| | owe an in-network provider will not be more than any in-network copayment, deductible, unt per your health benefits plan. |
| | lect 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. |
| | your health benefits plan for information regarding your copayment, deductible se amount. Contact information is typically found on the card provided to you by your an. |
| | dical Center staff will notify you in the event the in-network status of HMH-Old Bridge nanges before services are provided. |
| I agree that I have read | d and understand this form and have been provided a copy of it. |
| | |
| Patient Signature | Date |



HMH - Old Bridge Medical Center 530 New Brunswick Avenue, Perth Amboy, NJ 08861 - 732.324.5059 www.hackensackmeridianhealth.org

FACILITY OUT-OF-NETWORK DISCLOSURE

| Patient Name: | Health Benefits Plan: | |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| • HMH-Old Bridge M | edical Center is out-of-network for the health benefits plan named above. | |
| • | ou owe may be more than the copayment, deductible, and/or coinsurance amount health benefits plan. | |
| , , | ed the difference between what your health benefits plan pays HMH-Old Bridge Medical is the HMH-Old Bridge Medical Center charge for the services provided. | |
| | the health care professional ordering the services to be provided in HMH-Ocean Medical line if he or she is in-network or out-of-network for your health benefits plan. | |
| | your health benefits plan for information regarding your copayment, deductible and/or bunt. Contact information is typically found on the card provided to you by your health bene | efits |
| this facility. You of services may income health benefits p website at www. | alth care professionals other than the one ordering the service may provide and bill for care can expect for services to be provided by: other consultants requested by your physician, lude but not limited to anesthesia, lab, radiology, etc. You can access information regarding lans that these health care professionals participate in on HMH-Old Bridge Medical Center hackensackmeridianhealth.org. If you do not have internet access, a copy of this information you upon request by HMH-Old Bridge Medical Center. | g the |
| I agree that I have read a | and understand this form and have been provided a copy of it. | |
| | | |
| | | |
| | | |

Date

Patient's Signature



HMH - Old Bridge Medical Center
530 New Brunswick Avenue, Perth Amboy, NJ 08861 - 732.324.5059
www.hackensackmeridianhealth.org

SELF-FUNDED PLAN OUT-OF-NETWORK DISCLOSURE

| Patient Name: | Health Benefits Plan: |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • HMH-Old Bridge M | ledical Center is out-of-network for the self-funded plan named above. |
| The total amount your self-fund | ou owe may be more than the copayment, deductible, and/or coinsurance amount required ed plan. |
| | ed the difference between what your self-funded plan pays HMH-Old Bridge Medical Center IMH-Old Bridge Medical Center charge for the services provided. |
| | your self-funded plan administrator for information regarding your copayment, deductible ce 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 ryour self-funded plan. |
| have opted into in on an urgent bas services rendered | ct your self-funded plan administrator for information 'copayment regarding whether they n-network coverage for out-of-network services provided inadvertently or in an emergency or is. Billing disputes with self-funded plans that have opted into in-network coverage for d in an emergency or on an urgent basis may be resolved through arbitration. Contact ically found on the card provided to you by your self-funded plan. |
| You can expect for include but not limber benefits plans the www.hackensacleself-funded plans | alth care professionals other than the one ordering the service may provide and bill for care. or services to be provided by: other consultants requested by your physician, services may mited to anesthesia, lab, radiology, etc. You can access information regarding the health at these health care professionals participate in on HMH-Old Bridge Medical Center website at kmeridianhealth.org. Services may be provided on an out-of-network basis in regard to your. If you do not have internet access, a copy of this information shall be provided to you upon -Old Bridge Medical Center. |
| I agree that I have read a | nd understand this form and have been provided a copy of it. |
| | |
| | |

Date

Patient Signature



HMH - Old Bridge Medical Center 1 Hospital Plaza, Old Bridge, NJ 08857 - 732.324.5059

www.hackensackmeridianhealth.org

SELF-FUNDED PLAN IN-NETWORK DISCLOSURE

| Patient Name: | Health Benefits Plan: |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | edical Center is in-network for the self-funded plan named above and your financial responsibility to this greater than your in-network copayment, deductible, and/or coinsurance amount. |
| | ct the health care professional, such as your doctor, or the physician assistant or advance practice red the services, to determine if they are in-network or out-of-network for your self-funded plan. |
| expect for service to anesthesia, lal professionals par Sen/ices may be | alth care professionals other than the one ordering the service may provide and bill for care. You can es to be provided by: other consultants requested by your physician, services may include but not limited b, radiology, etc. You can access information regarding the health benefits plans that these health care ricipate in on HMH-Old Bridge Medical Center website at www.hackensackmeridianhealth.org provided on an out-of-network basis in regard to your self-funded plan. If you do not have internet f this information shall be provided to you upon request by HMH-Old Bridge Medical Center. |
| amount, you sho Medical Center, report this inform | bills from in-network providers for more than your in-network copayment, deductible, and/or coinsurance uld report this information to your self-funded plan administrator and, if the bill is from HMH Old Bridge to the Department of Health at (800) 792-9770. If the bill is from a health care professional, you should lation to the appropriate professional licensing board in the Division of Consumer Affairs, Department of Safety at (973) 504-6200. |
| | ve an in-network provider will not be more than any in-network copayment, deductible, bunt per your health benefits plan. |
| | select an out-of-network provider, you will be asked to sign an acknowledgement of out-of-network ices, which may exceed your in-network copayment, deductible, and/or coinsurance amount. |
| coinsurance amo inadvertently or o coverage for ser | your self-funded plan administrator for information regarding your copayment, deductible and/or bunt and whether or not they have opted into in-network coverage for out-of-network services provided on an emergency or urgent basis. Billing disputes with self-funded plans that have opted into in-network vices rendered in an emergency or on an urgent basis may be resolved through arbitration. Contact pically found on the card provided to you by your self-funded plan. |
| | lical Center staff will notify you in the event the in-network status of HMH-Old Bridge Medical fore services are provided. |
| I agree that I have read | and understand this form and have been provided a copy of it. |

Date

Patient's Signature