

#### HMH - Raritan Bay 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:
	Bay Medical Center is in-network for the health benefits plan named above and your financi this facility will be no greater than your in-network copayment, deductible, and/or ount.
	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 enefits plan.
care in this facilit physician, servic information rega Raritan Bay Med	alth care professionals other than the one ordering the service may provide and bill for cy. You can expect services to be provided by other consultants requested by your es may include but not limited to anesthesia, lab, radiology, etc. You can access rding the health benefits plans that these health care professionals participate in on HMH lical Center website at <a href="https://www.hackensackmeridianhealth.org">www.hackensackmeridianhealth.org</a> . If you do not have internet of this information will be provided to you upon request by HMH-Raritan Bay Medical
and/or coinsuran from HMH-Rarita If the bill is from	bills from in-network providers for more than your in-network copayment, deductible, are amount, you should report this information to your insurance carrier and, if the bill is an Bay Medical Center, to the Department of Health at (800) 792-9770.  The professional, you should report this information to the appropriate and health care professional, you should report this information to the appropriate and health care profession 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, bunt per your health benefits plan.
	elect an out-of-network provider, you will be asked to sign an acknowledgement of rovider services, which may exceed your in-network copayment, deductible, and/or bunt.
	your health benefits plan for information regarding your copayment, deductible ce amount. Contact information is typically found on the card provided to you by your lan.
	Medical Center staff will notify you in the event the in-network status of HMH-Raritan nter changes before services are provided.
I agree that I have rea	ad and understand this form and have been provided a copy of it.
Bay Medical Cer	nter changes before services are provided.
Patient Signature	Date



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## **FACILITY OUT-OF-NETWORK DISCLOSURE**

Patient Name:	Health Benefits Plan:	·	
• HMH-Raritan Bay Medi	cal Center is out-of-network for t	the health benefits plan named	above.
The total amount you or required by your hear	we may be more than the copay Ith benefits plan.	ment, deductible, and/or coins	urance amount
· · · · · · · · · · · · · · · · · · ·	e difference between what your e HMH-Raritan Bay Medical Cel		•
	health care professional ordering fine or she is in-network or out-o		
	r health benefits plan for informa Contact information is typically		
this facility. You can e services may include health benefits plans website at www.hack	care professionals other than the expect for services to be provided but not limited to anesthesia, lathat these health care profession ensackmeridianhealth.org. If you upon request by HMH-Raritar	d by: other consultants request b, radiology, etc. You can acce nals participate in on HMH-Ran ou do not have internet access	ed by your physician, ss information regarding the ritan Bay Medical Center
I agree that I have read and u	nderstand this form and have be	en provided a copy of it.	
			_
Patient's Signature	Date		



### HMH - Raritan Bay 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-Raritan Bay	Medical Center is out-of-network for the self-funded plan named above.
<ul> <li>The total amount y by your self-fund</li> </ul>	you owe may be more than the copayment, deductible, and/or coinsurance amount required ded plan.
	ed the difference between what your self-funded plan pays HMH-Raritan Bay Medical Center HMH-Raritan Bay Medical Center charge for the services provided.
	t your self-funded plan administrator for information regarding your copayment, deductible nce amount. Contact information is typically found on the card provided to you by your self
	t the health care professional ordering the services to determine if he or she is in-network or your self-funded plan.
have opted into on an urgent bas services rendere	ct your self-funded plan administrator for information 'copayment regarding whether they in-network coverage for out-of-network services provided inadvertently or in an emergency or sis. Billing disputes with self-funded plans that have opted into in-network coverage for 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.
You can expect include but not li benefits plans that www.hacken your self-funded	alth care professionals other than the one ordering the service may provide and bill for care. for 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-Raritan Bay Medical Center website sackmeridianhealth.org. Services may be provided on an out-of-network basis in regard to plan. If you do not have internet access, a copy of this information shall be provided to you HMH-Raritan Bay Medical Center.
I agree that I have read a	and understand this form and have been provided a copy of it.

Date

**Patient Signature** 



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## **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 preater than your in-network copayment, deductible, and/or coinsurance amount.
	t the health care professional, such as your doctor, or the physician assistant or advance practice ed the services, to determine if they are in-network or out-of-network for your self-funded plan.
expect for service to anesthesia, lab professionals part Sen/ices may be	th care professionals other than the one ordering the service may provide and bill for care. You can see to be provided by: other consultants requested by your physician, services may include but not limited, radiology, etc. You can access information regarding the health benefits plans that these health care icipate in on HMH-Raritan Bay Medical Center website at <a href="https://www.hackensackmeridianhealth.org">www.hackensackmeridianhealth.org</a> provided on an out-of-network basis in regard to your self-funded plan. If you do not have internet this information shall be provided to you upon request by HMH-Raritan Bay Medical Center.
amount, you shou Medical Center, to report this informa	Ils from in-network providers for more than your in-network copayment, deductible, and/or coinsurance ald report this information to your self-funded plan administrator and, if the bill is from HMH Raritan Bay to the Department of Health at (800) 792-9770. If the bill is from a health care professional, you should attion to the appropriate professional licensing board in the Division of Consumer Affairs, Department of afety at (973) 504-6200.
	e an in-network provider will not be more than any in-network copayment, deductible, unt per your health benefits plan.
	select an out-of-network provider, you will be asked to sign an acknowledgement of out-of-network ces, which may exceed your in-network copayment, deductible, and/or coinsurance amount.
coinsurance amo inadvertently or o coverage for serv	your self-funded plan administrator for information regarding your copayment, deductible and/or unt and whether or not they have opted into in-network coverage for out-of-network services provided in an emergency or urgent basis. Billing disputes with self-funded plans that have opted into in-network ices rendered 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.
	lical Center staff will notify you in the event the in-network status of HMH-Raritan Bay Medical ore services are provided.
I agree that I have read a	and understand this form and have been provided a copy of it.

Date

**Patient's Signature**