

Endoscopy Center of Ocean County, PC
Endoscopy Center of Toms River, LLC
Doctors: Tamimi, Collier, Bigornia, Glazier, Mirchandani, Menadier
477 & 473 Lakehurst Road Toms River, NJ 08755
P: 732-349-4422 F: 732-349-8126

Patient Name: _____ **Health Benefits Plan:** _____

- Endoscopy Center of Ocean County (EOC)/Endoscopy Center of Toms River (ETR) 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 doctors' office, who ordered the services, to determine if they are in- network or out-of-network for your health benefits plan.
- You can expect your insurance company to be billed for the following services;
 - Physician fee from Allied Digestive Health: The bill for services rendered by your physician that performs the procedure.
 - Anesthesia fee from Allied Digestive Health: The bill for Anesthesia care during your procedure.
 - Laboratory Fee (If Applicable) from Allied Digestive Health Department of Pathology, Dianon: a Division of Labcorp, and/or Pathnostics: The bill for any specimens that were removed during your procedure.
 - Facility Fee: The bill for the use of the facility itself.

All Fees are billed at an In-Network rate. Any balance left after insurance payment, within your in- network copayment, deductible, and or coinsurance amount is your responsibility.

You can access information regarding the health benefits plans that these health care professionals participate in at EOC/ETR on our website www.endoofocandtr.com. If you do not have internet access, a copy of this information will be provided to you by mail upon request by EOC/ETR.

- 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 EOC/ETR, 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.
- EOC/ETR staff will notify you in the event the in-network status of EOC/ETR 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

Endoscopy Center of Toms River, LLC
Omar Tamimi, MD
Jill Collier, MD
Edgar Bigornia, MD
Kenneth Glazier, MD
Jai Mirchandani, MD
Teresa Menadier, MD

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**ACKNOWLEDGEMENT OF SELECTION OF
OUT-OF-NETWORK PROVIDER SERVICES**

{Patient Name} and {health benefits plan}

I, _____, specifically request the services of the following health care provider, _____, whom I have been advised does not participate in and is "out-of-network" with my health benefits plan.

I understand that I may owe more than the copayment, deductible, and/or coinsurance amount of my health benefits plan.

I further understand that I may be charged the difference between what my health benefits plan pays *{health care provider's name}* and what is the *{health care provider's name}* charge for the services provided.

Patient's Signature

Date

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FACILITY OUT-OF-NETWORK DISCLOSURE

{Patient name} and {health benefits plan}

- *{Facility's name}* 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 *{facility's name}* and what *{facility's name}* charges for the services provided.
- You should contact the health care professional ordering the services to be provided in *{facility's name}* 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 *{Facility must insert the names of health professionals reasonably anticipated to provide services}*. You can access information regarding the health benefits plans that these health care professionals participate in on *{facility's name}* website at *{website address}*. If you do not have internet access, a copy of this information will be provided to you upon request by *{facility's name}*.

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

Patient's Signature

Date

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SELF-FUNDED PLAN OUT-OF-NETWORK
DISCLOSURE

{Patient Name} and {self-funded plan}

- *{Facility Name}* is out-of-network for the self-funded plan named above.
- 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 *{facility's name}* and what *{facility's name}* charges 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 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 *{Facility must insert the names of health professionals reasonably anticipated to provide services}*. You can access information regarding the health benefits plans that these health care professionals participate in on *{facility's name}* website at *{website address}*. 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 *{facility's name}*.

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

Patient's Signature

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SELF-FUNDED PLAN IN-NETWORK DISCLOSURE

{Patient Name} and {self-funded plan}

- *{Facility's name}* 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 *{Facility must insert the names of health professionals reasonably anticipated to provide services}*. You can access information regarding the health benefits plans that these health care professionals participate in on *{facility's name}* website at *{website address}*. 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 *{facility's name}*.
- 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 *{facility's name}*, 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.
- *{Facility's name}* staff will notify you in the event the in-network status of *{facility's name}* changes before services are provided.

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I further understand that I may be charged the difference between what my self-funded plan pays *{health care provider's name}* and what is the *{health care provider's name}* charge for the services provided.

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