

Endoscopy Center of Ocean County / Endoscopy Center of Toms River
Doctors Tamimi, Collier, Bigornia, Glazier, Mirchandani, Menadier
477 / 473 Lakehurst Road
Toms River, New Jersey 08755
732-349-4422

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.

X _____
Signature of Patient or Guardian

Date