Mehling Orthopedics

NOTICE TO PATIENTS REGARDING NETWORK STATUS

To Our Valued Patients:

This notice is to inform you of our health care facility affiliations, health insurance network status and billing policies. Please read this notice carefully and acknowledge your agreement by signing in the space indicated below.

We are affiliated with the following health care facilities:

- Hackensack University Medical Center
- Hackensack Meridian Health Pascack Valley Medical Center
- Hackensack Meridian Health Palisades Medical Center
- Hackensack Meridian Health Mountainside
- Hudson Regional Hospital

We are in-network with the following health benefits plans:

- None

We are out-of-network with all other health benefits plans.

If your plan is not one of the in-network plans listed above, we are out of network with your plan and the following is applicable to you:

- The amount or estimated amount we charge for a medical service is available upon request.
- Upon receipt of a request from you for a medical service, we will disclose to you in writing the amount or estimated amount that we will bill you for the service and the Current Procedural Terminology (CPT) codes associated with that service, absent unforeseen medical services that may arise when the service is provided.
- You will have a financial responsibility for health care services provided by an out-of-network professional, in excess of your copayment, deductible, or coinsurance, and you may be responsible for any costs in excess of those allowed by your health benefits plan.
- We advise you to contact your health insurance carrier for further consultation on these costs.

The following health care providers will be providing services in connection with the care you are receiving in our offices or on a referral basis:

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We advise you to contact each of these providers prior to receiving any services to determine the health benefits plans that each of these providers participates in, and to contact your insurance carrier for further consultation on costs.

The following physicians will be providing services in connection with your scheduled procedure at _____

- Brian Mehling, MD
- Pavel Yufit, MD
- Renee Hill-Pinney, PA-c

We advise you to contact each of these providers prior to your scheduled procedure to determine the health benefits plans that each of these providers participates in, and to contact your insurance carrier for further consultation on costs.

IN-NETWORK BILLING POLICY

If we are in-network with your health benefits plan, you will be required to pay your in-network copayment or coinsurance at the time of your appointment. We will submit a claim to your insurance carrier for reimbursement of the balance due. Even though we are in-network with your health benefits plan, you may still have a balance due after we receive reimbursement from your insurance carrier if you have not yet fulfilled you in-network deductible. We will bill you for this balance after we receive reimbursement and an Explanation of Benefits from your insurance carrier.

OUT-OF-NETWORK BILLING POLICY

If we are out-of-network with your health benefits plan, you will be required to pay your out-of-network copayment or coinsurance at the time of your appointment. We will submit a claim to your insurance carrier for reimbursement of the balance due. You are ultimately responsible for the entire amount of the balance due. We will bill you for this balance after we receive reimbursement and an Explanation of Benefits from your insurance carrier. Please be advised that you may incur additional out-of-network charges for services performed in our offices, including, but not limited to, laboratory services, ultrasound and x-ray.

ACKNOWLEDGEMENT AND AGREEMENT

I, _____, hereby acknowledge and agree that I have reviewed this disclosure notice and understand its terms. I acknowledge and agree that I will be responsible for all payments for services provided by Mehling Orthopedics as further specified in this notice.

_____ _____

Patient Signature **Date**

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Patient Name (Please Print)