

HMH - Hackensack University Medical Center 30 Prospect Avenue Hackensack NJ 07601 - 551.996.3355

www.hackensackumc.org

FACILITY IN-NETWORK DISCLOSURE

Patient Name:		Health Benefits Plan:	
•		University Medical Center is in-network for the health benefits plan named above an onsibility to this facility will be no greater than your in-network copayment, deductible amount.	
•		et the health care professional, such as your doctor, or the physician assistant or urse who ordered the services, to determine if they are in- network or out-of-network efits plan.	<
•	care in this facility. physician, services information regardi Hackensack Unive	alth care professionals other than the one ordering the service may provide and bill You can expect for services to be provided by other consultants requested by your may include but not limited to anesthesia, lab, radiology etc. You can accessing the health benefits plans that these health care professionals participate in on HN rsity Medical Center website at www.hackensackumc.org . If you do not have interne his information will be provided to you upon request by HMH-Hackensack University	MH- et
•	and/or coinsurance from HMH-Hacken If the bill is from a l	bills from in-network providers for more than your in-network copayment, deductible amount, you should report this information to your insurance carrier and, if the bill is sack University Medical Center, to the Department of Health at (800) 792-9770. nealth care professional, you should report this information to the appropriate ing board in the Division of Consumer Affairs, Department of Law and Public Safety	S
		we an in-network provider will not be more than any in-network copayment, deductibnt per your health benefits plan.	le,
•		select an out-of-network provider, you will be asked to sign an acknowledgement of vider services, which may exceed your in-network copayment, deductible, and/or nt.	
•		et your health benefits plan for information regarding your copayment, deductible amount. Contact information is typically found on the card provided to you by your n.	
•		University Medical Center staff will notify you in the event the in-network status of University Medical Center changes before 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



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Patien	t Name:	Health Benefits P	lan:
•	HMH-Hacke	nsack University Medical Center is o	ut-of-network for the health benefits plan named above.
•		nount you owe may be more than the rour health benefits plan.	copayment, deductible, and/or coinsurance amount
•	•	edical Center and what is HMH-Hack	nt your health benefits plan pays HMH-Hackensack rensack University Medical Center charge for the
•		•	ordering the services to be provided in HMH-Hackensack e is in-network or out-of-network for your health benefits plan.
•		•	nformation regarding your copayment, deductible and/or ally found on the card provided to you by your health benefits
٠	this facility. Y services may health benefi Center webs	ou can expect for services to be province include but not limited to anesthesial to plans that these health care profes	nan the one ordering the service may provide and bill for care in vided by: other consultants requested by your physician, a, lab, radiology etc. You can access information regarding the essionals participate in on HMH-Hackensack University Medical u do not have internet access, a copy of this information will be ck University Medical Center.
l agree	that I have re	ad and understand this form and have	been provided a copy of it.
	Patier	nt's Signature	Date



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SELF-FUNDED PLAN OUT-OF-NETWORK DISCLOSURE

Patient Name:		Health Benefits Plan	Health Benefits Plan:	
	HMH-Hackensack Unive	rsity Medical Center is out-	of-network for the self-fu	inded plan named above.
•	The total amount you ow by your self-funded plan.	re may be more than the co	payment, deductible, an	d/or coinsurance amount required
•				ys HMH-Hackensack University arge for the services provided.
•				ding your copayment, deductible d provided to you by your self-
•	You should contact the hout-of-network for your se		ering the services to det	ermine if he or she is in-network or
•	have opted into in-networ on an urgent basis. Billing services rendered in an e		ork services provided in plans that have opted in pasis may be resolved the	nrough arbitration. Contact
•	You can expect for service include but not limited to a benefits plans that these Center website at www.higuur.self-funded plan. If your self-funded plan.	es to be provided by other of anesthesia, lab, radiology e health care professionals p ackensackumc.org. Service	consultants requested be tc. You can access info articipate in on HMH-Ha s may be provided on a ess, a copy of this infor	rvice may provide and bill for care. y your physician, services may rmation regarding the health ckensack University Medical n out-of-network basis in regard to mation shall be provided to you
agree	that I have read and under	stand this form and have be	en provided a copy of it.	
_	Patient's Signa	ture		Date



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SELF-FUNDED PLAN IN-NETWORK DISCLOSURE

	MH-Hackensack University Medical Center is in-network for the self-funded plan named above and your financial
	esponsibility 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 urse who ordered the services, to determine if they are in-network or out-of-network for your self-funded plan.
	MH-Hackensack University Medical Center is generally in-network with self-funded plans administered by, but not mited, to Aetna, Cigna and Horizon Blue Cross.
ex to pr m	n 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: other consultants requested by your physician, services may include but not limited of anesthesia, lab, radiology etc. You can access information regarding the health benefits plans that these health care rofessionals participate in on HMH-Hackensack University Medical Center website at www.hackensackumc.org . Sen/ices hay 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 HMH-Hackensack University Medical Center.
cc H: pr	f you receive any bills from in-network providers for more than your in-network copayment, deductible, and/or binsurance amount, you should report this information to your self-funded plan administrator and, if the bill is from HMH-ackensack University Medical Center, to the Department of Health at (800) 792-9770. If the bill is from a health care rofessional, you should report this information to the appropriate professional licensing board in the Division of Consumer ffairs, 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, binsurance amount per your health benefits plan.
	f you specifically select an out-of-network provider, you will be asked to sign an acknowledgement of out-of-network rovider services, which may exceed your in-network copayment, deductible, and/or coinsurance amount.
co in co	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 hadvertently 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 afformation is typically found on the card provided to you by your self-funded plan.
• H H	MH-Hackensack University Medical Center staff will notify you in the event the in-network status of HMH-ackensack University Medical Center changes before services are provided.

Date

Patient's Signature