

HMH - Palisades Medical Center 7600 River Road North Bergen NJ 07047 - 201.854.5000

www.palisadesmedical.org

FACILITY IN-NETWORK DISCLOSURE

Patient Name:		Health Benefits Plan:	
 HMH-Palisades Medical Center is in-network for the health benefits plan named above and your responsibility to this facility will be no greater than your in-network copayment, deductible coinsurance amount. 			
•		Ith care professional, such as your doctor, or the physician assistant or ordered the services, to determine if they are in- network or out-of-network.	
•	care in this facility. You can physician, services may inc information regarding the he Palisades Medical Center w	professionals other than the one ordering the service may provide and bill for expect for services to be provided by other consultants requested by your ude but not limited to anesthesia, lab, radiology, etc. You can access ealth benefits plans that these health care professionals participate in on HM ebsite at www.palisadesmedical.org . If you do not have internet access, a covided to you upon request by HMH-Palisades Medical Center.	IH-
•	and/or coinsurance amount from HMH-Palisades Medic If the bill is from a health ca	in-network providers for more than your in-network copayment, deductible, you should report this information to your insurance carrier and, if the bill is al Center, to the Department of Health at (800) 792-9770. The professional, you should report this information to the appropriate in the Division of Consumer Affairs, Department of Law and Public Safety and Public Saf	
	The amount you owe an incoinsurance amount per you	network provider will not be more than any in-network copayment, deductible ur health benefits plan.	Э,
•		out-of-network provider, you will be asked to sign an acknowledgement of ices, which may exceed your in-network copayment, deductible, and/or	
•		alth benefits plan for information regarding your copayment, deductible Contact information is typically found on the card provided to you by your	
•	HMH-Palisades Medical Ce Medical Center changes be	nter staff will notify you in the event the in-network status of HMH-Palisades ore 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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Patient Name: _____ Health Benefits Plan: _____

	Patient's Signature	Date		
agre	e that I have read and understand this form and have	been provided a copy of it.		
•	 In some cases, health care professionals other than the one ordering the service may provide and bill for care this facility. You can expect for services to be provided by: other consultants requested by your physician, services may include but not limited to anesthesia, lab, radiology, etc. You can access information regarding t health benefits plans that these health care professionals participate in on HMH-Palisades Medical Center website at www.palisadesmedical.org. If you do not have internet access, a copy of this information will be provided to you upon request by HMH-Palisades Medical Center. 			
•		information regarding your copayment, deductible and/or ally found on the card provided to you by your health bene		
•	You should contact the health care professional of Center to determine if he or she is in-network or of	ordering the services to be provided in HMH-Palisades Mout-of-network for your health benefits plan.	edical	
•	You may be charged the difference between what Center and what is HMH-Palisades Medical Center	nt your health benefits plan pays HMH-Palisades Medical er charge for the services provided.		
•	The total amount you owe may be more than the copayment, deductible, and/or coinsurance amount required by your health benefits plan.			
•	HMH-Palisades Medical Center is out-of-network	for the health benefits plan named above.		



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SELF-FUNDED PLAN OUT-OF-NETWORK DISCLOSURE

Patient Name		Health Benefits Plan:		
•	НМН-Ра	alisades Medical Center is out-of-network for the self-funded plan named above.		
•		I amount you owe may be more than the copayment, deductible, and/or coinsurance amount required self-funded plan.		
•		y be charged the difference between what your self-funded plan pays HMH-Palisades Medical Center tis HMH-Palisades Medical Center charge for the services provided.		
•		uld contact your self-funded plan administrator for information regarding your copayment, deductible binsurance amount. Contact information is typically found on the card provided to you by your self-lan.		
•		uld contact the health care professional ordering the services to determine if he or she is in-network or twork for your self-funded plan.		
•	have opt on an uro services	uld contact your self-funded plan administrator for information 'copayment regarding whether they ed into in-network coverage for out-of-network services provided inadvertently or in an emergency or gent basis. Billing disputes with self-funded plans that have opted into in-network coverage for rendered in an emergency or on an urgent basis may be resolved through arbitration. Contact on is typically found on the card provided to you by your self-funded plan.		
•	You can include be benefits www.paliplan. If you	cases, health care professionals other than the one ordering the service may provide and bill for care. expect for services to be provided by: other consultants requested by your physician, services may but not limited to anesthesia, lab, radiology, etc. You can access information regarding the health plans that these health care professionals participate in on HMH-Palisades Medical Center website at isadesmedical.org. Services may be provided on an out-of-network basis in regard to your self-funded ou do not have internet access, a copy of this information shall be provided to you upon request by lisades Medical Center.		
agree	that I hav	e read and understand this form and have been provided a copy of it.		
_				

Date

Patient's Signature



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SELF-FUNDED PLAN IN-NETWORK DISCLOSURE

Patient	Name: _	Health Benefits Plan:
		sades Medical Center is in-network for the self-funded plan named above and your financial responsibility to this I be no greater than your in-network copayment, deductible, and/or coinsurance amount.
•		ald contact the health care professional, such as your doctor, or the physician assistant or advance practice or ordered the services, to determine if they are in-network or out-of-network for your self-funded plan.
•	expect for to anesthe profession provided of	cases, health care professionals other than the one ordering the service may provide and bill for care. You can be serviced by: other consultants requested by your physician, services may include but not limited esia, lab, radiology, etc. You can access information regarding the health benefits plans that these health care hals participate in on HMH-Palisades Medical Center website at www.palisadesmedical.org . Sen/ices may be on an out-of-network basis in regard to your self-funded plan. If you do not have internet access, a copy of this in shall be provided to you upon request by HMH-Palisades Medical Center.
•	coinsuran Palisades should rep	reive any bills from in-network providers for more than your in-network copayment, deductible, and/or ce amount, you should report this information to your self-funded plan administrator and, if the bill is from HMH-Medical Center, to the Department of Health at (800) 792-9770. If the bill is from a health care professional, you cort this information to the appropriate professional licensing board in the Division of Consumer Affairs, ent of Law and Public Safety at (973) 504-6200.
•		unt you owe an in-network provider will not be more than any in-network copayment, deductible, ce amount per your health benefits plan.
•		ecifically select an out-of-network provider, you will be asked to sign an acknowledgement of out-of-network ervices, which may exceed your in-network copayment, deductible, and/or coinsurance amount.
	coinsuran inadverter coverage	ald contact your self-funded plan administrator for information regarding your copayment, deductible and/or ce amount and whether or not they have opted into in-network coverage for out-of-network services provided ntly or ti in an emergency or urgent basis. Billing disputes with self-funded plans that have opted into in-network for services rendered in an emergency or on an urgent basis may be resolved through arbitration. Contact in is typically found on the card provided to you by your self-funded plan.
•	HMH-Palis Center ch	sades Medical Center staff will notify you in the event the in-network status of HMH-Palisades Medical anges before services are provided.
I agree	that I have	e read and understand this form and have been provided a copy of it.

Date

Patient's Signature