

CENTRAL JERSEY REHABILITATION MEDICINE, L.L.C.

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:

- CentraState Healthcare System, 501 West Main Street, Freehold, NJ 07728
- Monmouth Medical Center, 300 2nd Avenue, Long Branch, New Jersey 07740
- Specialty Hospital of Central Jersey, 600 River Avenue, Lakewood, New Jersey 08701

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

INSURANCE CARRIER	NOTE
AETNA	
AETNA MEDICARE	
AMERIHEALTH	TIER 2
CIGNA	
BLUE CROSS/BLUE SHIELD	
HORIZON BLUE CROSS/BLUE SHIELD	
HORIZON BLUE CROSS/BLUE SHIELD OMNIA	TIER 1
HORIZON BLUE CROSS/BLUE SHIELD MEDICARE ADVANTAGE	
EMBLEM HEALTH	ONLY FOR PLANS ACCESSED THROUGH QUALCARE
HUMANA	
MAGNACARE	
MEDICARE	
OXFORD	FREEDOM, LIBERTY, METRO
UNITED HEALTHCARE	
UNITED HEALTHCARE MEDICARE ADVANTAGE, INCLUDING AARP	EXCLUDES DUAL MEDICARE COMPLETE AND UHC MEDICAID

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 circumstances 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.

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 your 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.

UNINSURED PATIENTS

Patients not covered under any insurance plan are required to pay for services in full at the time they are rendered.

I have read and understand this document. I have had an opportunity to ask questions about the contents of this document. I acknowledge and agree to the terms and conditions of this document.

Patient Name _____ Date _____

Patient Signature _____

Authorized Individual (Parent/Guardian) Name _____

Authorized Individual Signature _____

Basis of Authority (e.g., parent, guardian): _____

(Authorized individuals will be required to provide proof of authority.)