

North Fullerton Surgery Center
37 North Fullerton Avenue
Montclair, NJ 07042
Tel: 973-233-0433 Fax: 973-233-0144

DISCLOSURE NOTICE

Dear Patient:

You have been scheduled to have your upcoming procedure at NORTH FULLERTON SURGERY CENTER. ("Facility").

The following disclosure is made at or prior to the time that the referral is made:

In accordance with Federal Regulations (42 C.F.R. 416.50 (a) (ii) and the Public Law and applicable rules of the State of New Jersey, Board of Medical Examiners (C.26:2H-12; N.J.A.C.13:35-6.17) a physician, podiatrist and all other licenses of the Board of Medical Examiners must inform patients of any significant financial interest in a health care service.

The Facility is owned in part by the following physicians: Allen D. Rosen, MD, Valerie J. Ablaza, MD, Nancy Elliott, MD, Marcie Hertz, MD, Edmund Liu, MD, Robert Caruso, MD, Salvatore Lombardo, MD, Eric Joseph MD and Karen Dias-Martin, MD. Accordingly, please take notice that the physician who will be performing your procedure may have a financial interest in the health care service for which you are being referred.

In accordance with the Consumer Protection, Transparency, Cost Containment and Accountability Act (the "Act") effective August 30, 2018:

- Please take notice that the Facility may not be a participating provider with your insurance carrier. The Facility is currently participating with Horizon BCBS of NJ which includes Omnia Tier 1, United Healthcare, Oxford Health and traditional Medicare. The Facility and patient agree to mutually notify the other party if a network participation or coverage change occurs after this form is signed and or prior to time of service.
- You will be personally responsible for the co-payment, co-insurance, deductible or other charges associated with services that are not covered by your insurance carrier. Financial responsibilities have been discussed prior to service for both In-Network and Out-of-Network procedures. We have advised you to contact your insurance carrier for any cost or benefit consultation prior to receiving any services at our Facility. Contacting your insurance carrier or plan sponsor who is self-funded is highly recommended to determine if your coverage will default to your Out-of-Network benefit coverage if available with your plan.
- You have been advised to check with your physician regarding their participating status with your insurance carrier prior to seeking or receiving services at our Facility. The physician surgical fees are not part of the Facility fees. You may, of course, seek treatment at a health care service provider of your own choice. A listing of alternative health care service providers can be found in the classified section of your telephone directory under the appropriate heading
- There may be additional professional services related to your procedure and are not included in our Facility fee such as anesthesia and pathology. These services will be billed by the other providers according to your insurance coverage as outlined previously.

Anesthesia Group-
American Anesthesiology of NJ (Mednax)
22 Old Short Hills Road, Suite 112
Livingston, NJ 07039
1800-243-3839

Mountainside Hospital-
1 Bay Ave
Montclair, NJ 07042
1800-327-4538

St. Barnabas Medical Center
94 Old Short Hills Road
Livingston, NJ 07039
1855-874-1596

You have the right to enter into an advance directive. An advance directive means a written statement of your instructions and directions for health care in the event of your future decision making incapacity. An advance directive may include a proxy directive or an instruction directive, or both. (N.J.A.C. 8:43A-13).

You have the right to make informed decision regarding your care including the right to make decisions concerning the right to accept, refuse, or choose from alternatives of medical and/or surgical treatment.

By signing this disclosure you or your legal representative, acknowledge that (1) you are receiving this notice prior to or on the date of the procedure; (2) you have been informed of the financial interests of the practitioners in this office; (3) you voluntarily desire to have your procedure performed at the Facility; (4) you have been informed if part or all of your procedure may be considered covered vs. non-covered , if applicable, as well as your potential other financial obligations based on your health insurance coverage, (5) you have the right to enter into an advance directive; and (6) you have the right to make informed decisions regarding your care.

Understood and agreed:

Patient Signature/Representative/Legal Guardian

Witness:

Printed Name

Printed Name

Date:

Date:

Complaints may be lodged with the following:

N.J. Department of Health and Senior Services
Division of Health Facilities Evaluation and
Licensing
P.O. Box 367
Trenton, NJ 08625-0367
Complaint Hotline: 1-800-792-9770
<http://www.state.nj.us/health/healthfacilities>

Office of the Medicare Beneficiary Ombudsman
<http://www.medicare.gov/Ombudsman/activities.asp>
Centers for Medicare and Medicaid Services
7500 Security Blvd
Baltimore, MD 21244
1-800- MEDICAIRE