

Urology Group, P.A.

NOTICE TO PATIENTS REGARDING NETWORK STATUS

To Our Valued Patients:

There has been a change in the State of New Jersey with regard to out-of-network insurance coverage. We are required to inform you of this change and how it may affect your coverage with us. Urology Group values our patients and we hope to continue our relationship with our long standing patients as well as build relationships with our new 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:

- The Valley Hospital, Ridgewood, New Jersey
223 N. Van Dien Ave., Ridgewood, NJ 07450- (201) 447-8000
- HUMC Pascack Valley Medical Center, Pascack Valley, New Jersey
250 Old Hook Rd., Westwood, NJ 07675 – (201) 383-1035
- Patient Care Associates, Englewood, New Jersey
500 Grand Ave., Suite #3, Englewood, NJ 07631- (201) 567-8090
- The Stone Center, Newark, New Jersey
150 Bergen St., Newark, NJ 07103 – (862) 235-1983

Note: Not all physicians have privileges at all facilities

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

- Traditional Medicare
- The Valley Hospital/ Valley Medical Group Employee (Aetna Plan)
- AmeriHealth (Dr. Richard Baum & Dr. Timothy Mackey)

We are out-of-network with all other benefit 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 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 co-payment, 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.
- Please be advised that you may incur additional out-of-network charges for services performed in our offices, including, but not limited to, laboratory, pathology and imaging services.

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 payment for services provided by the Urology group, P.A. as further specified in this notice.

Patient Signature

Date

Patient Name (Please Print)

***Effective Nov. 1, 2023, all copays that are not paid for at the time of service will be subject to a \$5.00 fee.**