



Surgical Center
www.surgicoreasc.com

FACILITY OUT-OF-NETWORK DISCLOSURE

Patient Name: _____

Health Benefits Plan: _____

- SurgiCore Surgical Center is out-of-network for the health benefits plan named above.
- The total amount you owe may be more than the copayment, deductible, and/or coinsurance amount required by your health benefits plan.
- You may be charged the difference between what your health benefits plan pays SurgiCore Surgical Center and what is SurgiCore Surgical Center's charge for the services provided.
- You should contact the health care professional ordering the services to be provided in SurgiCore Surgical Center to determine if he or she is in-network or out-of-network for your health benefits plan.
- You should contact your health benefits plan for information regarding for copayment, deductible and/or coinsurance amount. Contact information is typically found on the card provide to you by your health benefits plan.
- In some cases, health care professionals other than the one ordering the service may provide and bill for care in this facility. You can expect for services to be provided by _____. You can access information regarding the health benefits plans that these health care professionals participate in on SurgiCore Surgical Center. A copy of this information will be provided to you upon requested by SurgiCore Surgical Center.

I agree that I have read and understand this form and have been provided a copy of it.

Patient's Signature _____ Date: _____