

SPECIALTY SURGICAL CENTER OF NORTH BRUNSWICK, LLC
1520 HWY 130, SUITE 204
NORTH BRUNSWICK, NJ 08902

In Network Acknowledgment

I, the patient/guarantor, have been made fully aware of my options regarding my surgery and the facilities where it could be performed.

I fully understand and choose to use my in-network benefits by having my surgery performed here at Specialty Surgical Center of North Brunswick.

I understand that I am responsible for any in-network medical bills that I receive for more than my copayment, deductible, or coinsurance unless I specifically select an out of network healthcare professional, which may lead to higher out of pocket healthcare costs.

I should contact the physician ordering the healthcare services to determine whether that physician is in or out of network.

I acknowledge that I am knowingly and voluntarily accepting responsibility for my in-network associated healthcare services that I receive.

Patient/Guarantor

Date