

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

**Out-Of-Network Acknowledgement**

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 out-of-network benefits by having my surgery performed here at Specialty Surgical Center of North Brunswick.

I also understand that the fee for surgery is a separate and distinct bill from the facility fee that results by utilizing SPECIALTY SURGICAL CENTER OF NORTH BRUNSWICK. My potential responsibility may exceed my copayment, deductible or coinsurance with my current health insurance plan.

I may be responsible for any excess amount above the allowed amount the health insurance pays or reimburses the provider for healthcare services I received.

I should contact my health insurance plan to identify the specific potential costs for which I am/may be responsible.

I acknowledge that I am knowingly and voluntarily accepting responsibility for any out-of-network financial responsibility associated with healthcare services that I received

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Patient/Guarantor

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Date