

Network Disclosure Statement for Gastroenterology Specialists of Delaware

PLEASE RETURN THIS FORM TO GASTROENTEROLOGY SPECIALIST OF DELAWARE ON OR PRIOR TO YOUR DATE OF SERVICE

This Health Care Provider Disclosure is designed to help ensure that patients receiving medical care from Gastroenterology Specialists of Delaware have the necessary information to make an informed decision about their medical benefits and care. "Health care provider" means any provider who provides health care services to covered person who are not in a facility-based setting, and includes a provider who provides health care services to a covered person based upon a referral from another provider without the knowledge of or input from the covered person.

In connection with your upcoming scheduled appointment, Gastroenterology Specialists of Delaware hereby provides the following disclosures:

1. Gastroenterology Specialists of Delaware is not a participating provider with your current health insurer and, therefore, the services provided to you will be provided on an out-of-network basis.
2. **Services provided on an out-of-network basis may result in additional charges for which you may be responsible.** These charges are in addition to any coinsurance, deductibles and copayments applicable under your health insurance policy.
3. The following is a list of the range of charges charged by Gastroenterology Specialists of Delaware for any out of network services for which you may be responsible:
 - a. \$ 5.00 - \$ 1,500 per procedure preformed
4. You may contact your health insurer for additional assistance or may rely on whatever other rights and remedies may be available under state or federal law.
5. Gastroenterology Specialists of Delaware may not balance bill you for health care services not covered by your insurance policy if Gastroenterology Specialists of Delaware fails to provide you with a copy of this Health Care Provider Disclosure and obtain your below-printed consent prior to rendering any services.

PATIENT ACKNOWLEDGEMENT/CONSENT

I hereby acknowledge that Gastroenterology Specialists of Delaware may be an out-of-network provider and that the services provided by Gastroenterology Specialists of Delaware may not be covered by my insurance policy. I further acknowledge receipt of the range of charges for any out-of-network services for which I may be responsible. I

AFFIRMATIVELY ELECT TO OBTAIN THE SERVICES AND AGREE TO ACCEPT AND PAY THE CHARGES FOR THE OUT-OF-NETWORK SERVICES NOT COVERED BY MY INSURANCE POLICY.

Name of Patient: _____

Signature of Patient or Authorized Representative: _____

Date: _____