



Facility In/Out of Network Disclosure Notification

Patient Name: _____

MRN: _____

Visit/Account Number (HAR): _____

Primary Insurance Plan: _____

If the Primary Insurance Plan provided by you, listed above, is Group Health Incorporated (GHI) or Humana, this letter is to inform you that the **facility is out of network**, and there may be services provided during this visit by **providers who are also out of network with your insurance plan**.

- You should have contacted your insurance company to discuss out of network benefits, if any, and identify the specific potential out of pocket expenses as they will exceed out of pocket expenses for an in network practice/facility; and,
- You are responsible for any excess amount above the allowed amount your insurance plan pays or reimburses for the services.

If the Primary Insurance Plan provided by you, listed above, is NOT Group Health Incorporated (GHI) or Humana, this letter is to inform you that the **facility is in network**, you will not pay more than the in-network copayment, deductible, or coinsurance and should contact your insurance company or Department of Health if you should receive bills that appear to be at out-of-network rates.

However, there may be services provided during this visit by providers such as anesthesiologists, radiologists, pathologists, who **are out of network with your insurance plan**. For the out of network services:

- You should have contacted your insurance company to discuss out of network benefits, if any, and identify the specific potential out of pocket expenses as they will exceed out of pocket expenses for an in network practice/facility; and,
- You are responsible for any excess amount above the allowed amount your insurance plan pays or reimburses for the services.

Our website, atlanticealth.org/OON, provides a list of participating insurance plans and other helpful resources.

By signing below, you acknowledge receiving a copy of this disclosure.

Patient Signature
(or authorized representative)

Relationship
(if not patient)

Date

Time