SURGICAL SPECIALISTS AT PRINCETON

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Princeton, NJ 08540
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Acknowledgement of Selection of Out-of-Network Provider Services

_____& _____
(patient name) (insurance)

I, _____, specifically request the services of the following health care provider, Surgical Specialists at Princeton, whom I have been advised does not participate in and is "out-of-network" with my health benefits plan.

I understand that I may owe more than the copayment, deductible, and/or coinsurance amount of my health benefits plan.

I further understand that I may be charged the difference between what my health benefits plan pays Surgical Specialists at Princeton and what is the Surgical Specialists at Princeton charge for the services provided.

_____ _____

Patient/Guardian Signature **Date**