

**The Plastic Surgery Group**

37 North Fullerton Avenue  
Montclair, NJ 07042  
Tel: 973-233-1933  
Fax: 973-233-1934

**DISCLOSURE NOTICE**

Dear Patient:

You have been scheduled to have upcoming services with The Plastic Surgery Group. (the “Group”).

The following disclosure is being made at or prior to that date of service:

In accordance with the Consumer Protection, Transparency, Cost Containment and Accountability Act (the “Act”) effective August 30, 2018:

- Please take notice that the Group may not be a participating provider with your insurance carrier. The Group is currently participating with Horizon BCBS of NJ which includes Omnia Tier 1. The Group and patient agree to mutually notify the other party if a network participation or coverage change occurs after this form is signed and or prior to time of service.
- You will be personally responsible for the applicable co-payment, co-insurance, deductible or other charges associated with services that are not covered by your insurance carrier. Financial responsibilities have been discussed prior to service for all procedures which included CPT codes, charges and estimated costs. We have advised you to contact your insurance carrier for any cost or benefit consultation prior to receiving any services at our Group. You may, of course, seek treatment at a health care service provider of your own choice.
- The physician’s ambulatory surgical fees are not part of the North Fullerton Surgery Center’s facility fees. You can contact North Fullerton Surgery Center as follows to determine your financial responsibilities, insurance participation and advise you contact your insurance carrier for any consultation:

North Fullerton Surgery Center  
37 North Fullerton Avenue  
Montclair, New Jersey 07042  
973-233-0433

- There may be additional professional services related to your ambulatory surgical procedure and are not included in our Group’s fee such as anesthesia and pathology. These services will be billed by the other providers according to your insurance coverage as outlined previously. You can contact anyone of these providers as follows to determine your financial responsibilities, insurance participation and advise you contact your insurance carrier for any consultation.

**Anesthesia Group:**  
American Anesthesiology of NJ (Mednax)  
22 Old Short Hills Road, Suite 112  
Livingston, NJ 07039  
1-800-243-3839

**Pathology:**

Mountainside Hospital  
1 Bay Ave  
Montclair, NJ 07042  
1-800-327-4538

**Pathology:**

St. Barnabas Medical Center  
94 Old Short Hills Road  
Livingston, NJ 07039  
1-855-874-1596

You have the right to enter into an advance directive. An advance directive means a written statement of your instructions and directions for health care in the event of your future decision making incapacity. An advance directive may include a proxy directive or an instruction directive, or both. (N.J.A.C. 8:43A-13).

You have the right to make informed decision regarding your care including the right to make decisions concerning the right to accept, refuse, or choose from alternatives of medical and/or surgical treatment.

In accordance with Federal Regulations (42 C.F.R. 416.50 (a) (ii) and the Public Law and applicable rules of the State of New Jersey, Board of Medical Examiners (C.26:2H-12; N.J.A.C.13:35-6.17) a physician, podiatrist and all other licenses of the Board of Medical Examiners must inform patients of any significant financial interest in a health care service.

The North Fullerton Surgery Center is owned in part by the following physicians: **Allen D. Rosen, MD, Valerie J. Ablaza, MD**, Nancy Elliott, MD, Marcie Hertz, MD, Edmund Liu, MD, Robert Caruso, MD, Salvatore Lombardo, MD, Eric Joseph MD and Karen Dias-Martin, MD. Accordingly, please take notice that the physician who will be performing your procedure has a financial interest in the health care service for which you are being referred.

By signing this disclosure you or your legal representative, acknowledge that (1) you are receiving this notice prior to or on the date of the procedure; (2) you have been informed of the financial interests of the practitioners in this office; (3) you voluntarily desire to have your procedure performed at North Fullerton Surgery Center; (4) you have been informed if part or all of your procedure may be considered covered vs. non-covered, if applicable, as well as your potential other financial obligations based on your health insurance coverage, (5) you have the right to enter into an advance directive; and (6) you have the right to make informed decisions regarding your care.

Understood and agreed:

Patient Signature/Representative/Legal Guardian

Witness:

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Printed Name

Printed Name

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\_\_\_\_\_

Date:

Date:

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