

Patient Notice Regarding Facility-Based Physicians Who are Out-of-Network

While receiving healthcare services at NovaMed Surgery Center of Cleveland, LLC d/b/a The Surgery Center of Cleveland, you may receive treatment from a facility-based physician who may be out-of-network and not have a current contract provider agreement with your insurer.

The physicians and other providers that may treat the patient at this facility may not be employed by this facility and may not participate in the patient's insurance network.

Anesthesiologists, radiologists, and pathologists are not employed by this facility. Services provided by those specialists, among others, will be billed separately.

The patient will be billed for additional charges, including out-of-network charges, if the patient is provided medical services by a healthcare provider that is not in-network. In particular, the patient should ask the facility if he or she will be provided any medical services by anesthesiologist, radiologists, or pathologist who are not in the patient's network.

Before receiving services, the patient should check with his or her insurance carrier to confirm if the patient's providers are in-network. Otherwise, the patient may be at risk of higher out-of-network charges.

NovaMed Surgery Center of Cleveland, LLC d/b/a The Surgery Center of Cleveland is contracted with the following physicians and/or physician groups to provide the following services:

Anesthesia

- Cleveland Anesthesia
 - [423]472-6513

Radiology

- N/A

Pathology

- Galen East Laboratory
 - 423-495-5764
 - www.galenmedical.com
- Associated Pathologist, LLC d/b/a PathGroup
 - 877-456-6706
 - www.pathgroup.com
- SouthEastern Pathology Services
 - 423-499-5033
- WATS Biopsy
 - 843-3697096
 - www.wats3d.com

By signing this notice, you agree to receive medical services by an out-of-network healthcare provider and will receive a bill for 100 percent (100%) of billed charges for the amount unpaid by your insurer

You will receive a separate estimate of the amount [FACILITY] will charge for items and services in accordance with your health benefits coverage including charges for items and services in excess of any cost sharing obligation that the insured would have if the facility were in-network.

Patient or Patient Representative Signature

Date

Patient or Patient Representative Signature

Relationship to Patient