Inspira Health Center Bridgeton
333 Irving Avenue
Bridgeton, New Jersey 08302
(856) 575-4500
www.inspirahealthnetwork.org

ACKNOWLEDGEMENT OF SELECTION OF OUT-OF-NETWORK PROVIDER SERVICES

Patient name: ______________________ ***Health Benefits Plan:*** ____________________

I, _______________________________, specifically request the services of the following health care provider, ____________________, whom I have been advised does not participate 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 ***Inspira Health*** and what is the ***Inspira Health's*** charge for the services provided.

_____________________________________ ________________________________

Patient's Signature Date

Please bring this signed form with you on the day of your service.