

# In-Network and Out-of-Network Insurance Disclaimer

## Insurances We Are In-Network With:

- Aetna
- Blue Cross Blue Shield
- Horizon NJ Health
- Medicare
- Medicaid (NJ Family Care)
- United Healthcare Community Plan

Even though your plan is not listed above, please be aware you may have out of network coverage to be used for your visit today. Our billing team is always available to further discuss your estimated responsibility for services rendered. For a full breakdown of your plan benefits, please reach out directly to your insurance company.

Patient/Member Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Patient Insurance ID#: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

I hereby understand that NJ Pediatric Neuroscience Institute, LLC is Out of Network

with \_\_\_\_\_, my current Health Insurance Company. I knowingly and voluntarily chose to  
Insurance Company  
have \_\_\_\_\_ provide healthcare services to me at NJPNI on \_\_\_\_\_ at \_\_\_\_\_, with  
Provider Date Time  
the full knowledge and understanding that he/she is not In-Network with my health benefits plan.

Patient/ Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Witness: \_\_\_\_\_

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