



DISCLOSURE STATEMENT

Dear Patient:

You have been scheduled to have your upcoming procedure at Meadows Surgery Center.

The following disclosure is made at or prior to the time that the referral is made:

In accordance with Federal Regulations (42 C.F.R. 416. (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 licensees of the Board of Medical Examiners must inform patients of any significant financial interest in a health service.

The facility is owned in part by the following physicians: Aylon Glaser MD, Sherif Hassan MD, Masayuki Inouye MD, Michael Katz MD, Evan Sarti DO, Raj Tandon MD and Michael Zozzaro MD. Accordingly, please take notice that the physician who will be performing your procedure has a financial interest in the healthcare service for which you are being referred.

You may, of course, seek treatment at a health care service provider of your own choice. A listing of alternative health care providers can be found in the classified section of your telephone directory under the appropriate heading.

Please take notice that the facility participates with the following health care plans: Medicare, Blue Cross Blue Shield, Cigna, United / Oxford (with exception of their Medicare plans), and Qualcare. However, if the Center is not a participating provider with your insurance carrier part or all of your upcoming procedure will be considered "out-of-network". You will be personally responsible for the co-payment, co-insurance, deductible or other charges associated with such "out-of-network" services that are not covered by your insurance carrier.

You have the right to enter in to an Advance Directive. An Advance Directive means a written statement of your instructions and directions related to your health care decisions 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:a43A-1.3).

You have the right to make informed decisions 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.

By signing this disclosure you or your legal representative, acknowledge that:

- You are receiving this notice prior to the date of the procedure
- You have been informed of the financial interests of the practitioners in this office
- You voluntarily desire to have your procedure performed at the Facility
- You have been informed that part or all of your procedure will be considered “out-of-network”, if applicable.
- You have the right to enter into an advance directive which will be honored at this facility.
- You have the right to make informed decisions regarding your care.
- If you so desire, information regarding advanced directives with a sample form is available.

Understood and agreed:

Patient Signature

Witness

Printed Name

Printed Name

Date

Date

Complaints may be lodged with the following:

N.J. Department of Health and Senior Services
Division of Health Facilities Evaluation
Licensing
PO Box 367
Trenton, NJ 08625-0367
Complaint Hotline: 1-800-792-9770
[http://www.state.nj.us/health/health facilities](http://www.state.nj.us/health/health%20facilities)

Office of the Medicare Beneficiary Ombudsman
<http://www.medicare.gov/Ombudsman/activities.asp>