



ADVANCED ENDOSCOPY & SURGICAL CENTER, LLC

142 Route 35 Suite 101 Eatontown, NJ 07724 Tel: (732) 935-0031 Fax: (732) 935-0032

AETNA COMMERCIAL INSURANCE PATIENTS

Please be advised that we are currently in negotiations with Aetna to become contracted. Advanced Endoscopy (AESC) will bill your primary and secondary insurance carrier for the services you receive in our center, in accordance with all applicable laws and rules regarding patient privacy and security to ensure the confidentiality and safety of our patient's medical records. You have the right to use your in network or out of network benefits with Aetna and choose your facility provider. If you choose a provider in network you may be liable for your deductible and coinsurance. Please be advised as we are currently out of network with your carrier, AESC will accept the payment received from insurance carrier(s) as payment in full. This means that you will not be billed for any deductible and/or coinsurance.

You may be liable for a bill from AESC for the **FACILITY FEE** only if:

- 1) The coverage is not actually current or is denied by your carrier due to pre-existing conditions.
- 2) You do not provide information requested by your insurance carrier after they receive our bill.
- 3) Your policy benefits have been exhausted (i.e. you've reached your benefit maximum).
- 4) Your insurance carrier mailed payment to you rather than AESC and you did not forward the payment as instructed below.

AESC does not participate with all commercial insurance carriers. Payment may be made directly to the patient for the facility fee. **PLEASE DO NOT DEPOSIT THE CHECK.** Endorse the check and forward it with the accompanying explanation of benefits (your insurance carrier may or may not inform us that this has occurred). If you do not turn over the check and the explanation of benefits, you will be responsible for the bill **IN FULL** plus any additional court fees or attorney's fees incurred in the collection of your account.

I have selected to use the facility of Advanced Endoscopy & Surgical Center. I will be using my out of network benefits and I understand that I will not be liable for deductible and co-pays.

ANESTHESIA CHARGES

The Center's anesthesia provider, Specialty Anesthesia Associates will bill separately for their services.

LABORATORY CHARGES

Laboratory services are billed separately through Monmouth Medical Center, Millennium Pathology or Monmouth GI Pathology.

I agree to the terms and conditions as noted above.

Signature _____

Date _____