

## SEASHORE SURGICAL INSTITUTE PATIENT DISCLOSURE FORM

I hereby acknowledge that the following disclosure was by my physician's office made at the time that the referral was made: In accordance with Federal Regulations (42 C.F.R. 416.50(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 care service.

The Facility is owned in part by Virtua Health System, Surgical Care Affiliates (a member of OptumCare), Shore Heart Group and the following physicians: William Basri, John Chapman, Peter Chiange, Ralph Del Negro, Barry Edison, Edward Hedaya, Ronald Iannacone, Ihab Girgis, Prinze Mack, Michael Pecoraro Mark Lister, Carl Senft and Basil Yurcisin. Accordingly, please take notice that the physician who will be performing your procedure may have a financial interest in the health care 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 service providers can be found in the classified section of your telephone directory under the appropriate heading.

Please take notice that the Facility bills under Virtua Health System's insurance contracts and is considered in network with any contract Virtua Health System participates. If you have another carrier the facility may not be a participating provider with your insurance carrier and your upcoming procedure will be considered "out-of-network". In either case you will be personally responsible for the co-payment, co-insurance, deductible, or other charges associated with your care for any services that are not covered by your insurance carrier.

You have the right to enter into an advance directive. An advance directive means a written statement of your instructions and directions for health care 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. 8:43A-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: (1) you are receiving this notice prior to the date of the procedure; (2) you have been informed of the financial interests of the practitioners in this office; (3) you voluntarily desire to have your procedure performed at the Facility; (4) you have been informed that part or all of your procedure will be considered "out-of-network" (5) you have the right to enter into an advance directive; and (6) you have the right to make informed decisions regarding your care. (7) you have been given a copy of the facilities Patient Rights & Responsibilities policy.

Understood and agreed: Patient Signature:

Witness:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_, 201\_\_\_\_

\_\_\_\_\_, 201\_\_\_\_

Date

Date

**Complaints may be lodged with the following:**

**N.J. Department of Health and Senior Services**  
Division of Health Facilities Evaluation and Licensing  
PO Box 367  
Trenton, NJ 08625-0367  
Complaint Hotline: 1-800-792-9770  
<http://www.state.nj.us/health/healthfacilities>

**Office of the Medicare Beneficiary Ombudsman**  
<http://www.medicare.gov/Ombudsman/activities.asp>  
**Seashore Surgical Institute** Administrator Meg  
Stagliano 732-836-9800

Updated 2/17

