



LANDA SPINE
& ORTHOPEDIC CENTER

www.LandaSpine.com

Dear Patient:

On behalf of Landa Spine and Orthopedic Center (hereinafter “health service provider” or “Landa Spine”), kindly accept this disclosure in accordance with P.L.2018 c. 32, ("Out-of-network Consumer Protection, Transparency, Cost Containment and Accountability Act") as it applies to health care providers and physicians. Pursuant to this new legislation, notice is required to be provided by all physicians, including those at Landa Spine, as follows: Pursuant to the above captioned legislation, health care professionals are required to inform patients whether or not they participate in certain health insurance plans. Please note, in accordance with this requirement, accept notice that Landa Spine & Orthopedic Center **does not** currently participate in **any** health insurance plan and is **not** considered an “in-network” provider. Landa Spine & Orthopedic Center, which includes Landa Spine’s treating physicians, are considered “Out-of-Network” Providers.

Pursuant to the above captioned legislation, please take notice that, upon request prior to the scheduling of non-emergency procedure(s), you may receive, in writing, the amount, or estimated amount that will be billed by Landa Spine for the medical treatment and/or health care service you receive from Landa Spine. This disclosure will include the associated Current Procedural Terminology (CPT) Codes associated with the service or procedure.

Pursuant to the above captioned legislation, please take notice that you may be financially responsible for services provided that are deemed “out-of-network” by your health insurance carrier, including costs in excess of, but not limited to, co-pay, deductible, and/or coinsurance (if applicable). Landa Spine reserves the right to seek additional reimbursement from you for procedures or services in excess of those benefits provided by your health insurance benefits plan and/or rates of reimbursement allowed by your health benefits plan for “out-of-network” providers, in excess of, and in addition to, co-pay, deductible, or co-insurance (if applicable). Please take notice that it is advised that you contact your health benefits plan with any questions and for further consultation on costs. Please also take notice that a physician, including those physicians at Landa Spine, is required to provide you with the name, practice name, mailing address and telephone number (if that information is known or available) for a health care provider providing services in conjunction with those provided by Landa Spine, to the extent applicable, when that health care provider is providing the following services:

- Anesthesiology;
- Laboratory;
- Pathology;
- Radiology; or

- Assistant surgeon services.

In the event that Landa Spine schedule you for facility admission or outpatient facility services, please take notice that you are entitled to the following information:

- When scheduling facility admission or outpatient facility services, a physician is required to:
 1. Provide you with the name, practice name, mailing address, and telephone number of any other physician whose services are scheduled at the time of pre- admission, testing, registration, or admission when non-emergency services are scheduled;
 2. Provide information on how to determine the health benefits plans in which the other physician participates; and
 3. Recommend that you contact your health benefits plan for consultation on costs.

Please take notice that if the status of a health care professional changes with respect to the health care professional(s) network status, including those physicians here at Landa Spine, between the time of the disclosures and the provision of the procedure, the health care professional shall notify you of the change.

Please note that by signing this document, you acknowledge that you have reviewed this document and have received all of the required disclosures listed above and that you hereby waive any challenge to the notice requirements contained within P.L. 2018, c.32, also known as "Out-of-network Consumer Protection, Transparency, Cost Containment and Accountability Act".

UNDERSTOOD AND AGREED:

Patient Signature

Date

Patient Printed Name