



Inspira Health Center Bridgeton  
333 Irving Avenue  
Bridgeton, New Jersey 08302  
(856) 575-4500  
[www.inspirahealthnetwork.org](http://www.inspirahealthnetwork.org)

## **SELF-FUNDED PLAN IN-NETWORK DISCLOSURE**

**Patient name:** \_\_\_\_\_

**Self-Funded plan:** \_\_\_\_\_

- **Inspira Health** is in-network for the self-funded plan named above and your financial responsibility to this facility will be no greater than your in-network copayment, deductible, and/or coinsurance amount.
- You should contact the health care professional, such as your doctor, or the physician assistant or advance practice nurse who ordered the services, to determine if they are in-network or out-of-network for your self-funded plan.
- In some cases, health care professionals other than the one ordering the service may provide and bill for care. You can expect for services to be provided by any of the following groups:

**1. Cooper University Hospital – Hospitalist Program\* ALL INSPIRA SITES**

One Cooper Plaza, Dorrance Building  
Suite 237B  
Camden, NJ 08103

**Contact: Lauren Simon – (856) 968-7449**

**2. Vineland/Bridgeton/Elmer ER Physicians\***

South Jersey Health System Emergency Physician Services  
c/o TeamHealth  
PO Box 7975  
Lancaster, PA 17604-7975.

**National Patient Call Center: 888-952-6772**

**3. Mullica Hill ER Physicians\***

Emergency Care Services of NJ PA  
c/o TeamHealth  
PO Box 636086  
Cincinnati, Ohio 45263-6086

**National Patient Call Center: 888-952-6772**

**4. Mullica Hill Anesthesia Group**

South Jersey Anesthesia and Pain Physicians  
IMCMH - Dept. of Anesthesiology  
700 Mullica Hill Road  
Mullica Hill, NJ

Mark Cooper - [CooperM@ihn.org](mailto:CooperM@ihn.org) (856-508-1000 Ext. 81268)

**5. Pinnacle Mid Atlantic Anesthesia Associates\* VINELAND AND ELMER**

Inspira Medical Center Vineland  
1505 W. Sherman Avenue, Box #51  
Vineland, NJ 08360

**Contact: Physician Office Partners (Anesthesia): 866-678-4324**



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**6. Regional Diagnostic Imaging\* ALL INSPIRA SITES**

1505 W. Sherman Avenue  
Department of Radiology #79  
Vineland, NJ 08360

**Contact: Alberina Schiavo – (856) 641-7937**

**7. Southern Regional Pathology Associates\* ALL INSPIRA SITES**

Inspira Medical Centers, Inc.  
Dept. of Pathology, 1505 W. Sherman Ave.  
Vineland, NJ 08360

**Contact: Billing Office – 856-690-1305 Option 1**

**\*NOTE:** You can access information regarding the health benefits plans that these health care professionals participate in by contacting the persons/numbers noted above. Services may be provided on an out-of-network basis in regard to your self-funded plan.

- If you receive any bills from in-network providers for more than your in-network copayment, deductible, and/or coinsurance amount, you should report this information to your self-funded plan administrator and, if the bill is from **Inspira Health**, to the Department of Health at (800) 792-9770. If the bill is from a health care professional, you should report this information to the appropriate professional licensing board in the Division of Consumer Affairs, Department of Law and Public Safety at (973) 504-6200.
- The amount you owe an in-network provider will not be more than any in-network copayment, deductible, coinsurance amount per your health benefits plan.
- If you specifically select an out-of-network provider, you will be asked to sign an acknowledgement of out-of-network provider services, which may exceed your in-network copayment, deductible, and/or coinsurance amount.
- You should contact your self-funded plan administrator for information regarding your copayment, deductible and/or coinsurance amount and whether or not they have opted into in-network coverage for out-of-network services provided inadvertently or in an emergency or urgent basis. Billing disputes with self-funded plans that have opted into in-network coverage for services rendered in an emergency or on an urgent basis may be resolved through arbitration. Contact information is typically found on the card provided to you by your self-funded plan.
- **Inspira Health** staff will notify you in the event the in-network status of **Inspira Health** changes before services are provided.

**I agree that I have read and understand this form and have been provided a copy of it.**

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**Patient's Signature**

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**Date**

**Please bring this signed form with you on the day of your service.**