



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

ACKNOWLEDGEMENT OF SELECTION OF OUT-OF-NETWORK PROVIDER SERVICES
SELF-FUNDED PLAN

Patient name: _____ **Self-Funded plan:** _____

I, _____, specifically request the services of the following health care provider, _____, whom I have been advised does not participate and is "out-of-network" with my self-funded plan.

I understand that I may owe more than the copayment, deductible and/or coinsurance amount of my self-funded plan.

I further understand that I may be charged the difference between what my self-funded plan pays **Inspira Health** and what is the **Inspira Health's** charge for the services provided.

Patient's Signature

Date

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



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