

This document discloses all pertinent information as required by law in regards to non-participating providers rendering service to you. By signing this agreement, you understand and accept all identified estimates and actual costs as indicated. You also acknowledge the providers' participation status and understand that additional costs may be incurred as a result of being treated by these providers. If you receive a "surprise bill" (not aware that your provider was non-participating with your health plan), you will be able to submit the bill to your health plan requesting it to be processed as if your provider participated with your health plan.

<b>Patient Name</b>		<b>IDX #</b>	
<b>Service Date</b>		<b>Insurance</b>	
	<b>Provider Information</b>	<b>Par?</b>	<b>Estimated/Actual Cost</b>
<b>Main Provider</b>			
<b>Assistant/Other Provider</b>			
<b><u>Connected Provider Information</u></b>			
<b>Anesthesiology</b>		Presbyterian Hospital, 5 <sup>th</sup> Floor 622 West 168 <sup>th</sup> Street New York, NY 10032 646-317-3150	
<b>Pathology</b>		Presbyterian Hospital 15 <sup>th</sup> Floor Room. 1564 622 West 168 <sup>th</sup> Street New York, NY 10032 212-305-7399	
<b>Radiology</b>		622 West 168 <sup>th</sup> Street New York, NY 10032 866-815-6994	
<b>Dermatopathology</b>		Vanderbilt Clinic 15 <sup>th</sup> Floor, Room 207 630 West 168 <sup>th</sup> Street New York, NY 10032 212-305-2155	
<b>ColumbiaDoctors Website</b>		<a href="http://www.columbiadoctors.org/">http://www.columbiadoctors.org/</a>	
<b>New York Presbyterian Website</b>		<a href="http://www.nyp.org/patients/paying-for-care.html">http://www.nyp.org/patients/paying-for-care.html</a>	

Patient Signature

Date/Time

Print Name

Relationship (if other than patient)