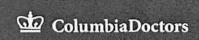
Relationship (if other than patient)



Patient Signature

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.

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

Print Name

Date/Time