

Patient Sticker

Notice of Contracted Insurance Providers
Participating Provider:

Based on the Fairway Medical Surgical Hospital insurance verification guidelines; your health plan is/are:

Insurance Name (1): _____ Policy Number: _____

In-Network

Out-of-Network

Insurance Name (2): _____ Policy Number: _____

In-Network

Out-of-Network

We honor In-Network benefits on surgeries for non-contracted payers (Aetna, United Healthcare, etc.). Please ask our admissions representative for additional information.

Notice of Balance Billing Disclosure

HEALTH CARE SERVICES MAY BE PROVIDED TO YOU AT A NETWORK HEALTH CARE FACILITY BY FACILITY-BASED PHYSICIANS WHO ARE NOT IN YOUR HEALTH PLAN. YOU MAY BE RESPONSIBLE FOR PAYMENT OF ALL OR PART OF THE FEES FOR THOSE OUT-OF-NETWORK SERVICES, IN ADDITION TO APPLICABLE AMOUNTS DUE FOR CO-PAYMENTS, COINSURANCE, DEDUCTIBLES, AND NON-COVERED SERVICES. SPECIFIC INFORMATION ABOUT IN-NETWORK AND OUT-OF-NETWORK FACILITY-BASED PHYSICIANS CAN BE FOUND AT THE WEBSITE ADDRESS OF YOUR HEALTH PLAN OR BY CALLING THE CUSTOMER SERVICE TELEPHONE NUMBER OF YOUR HEALTH PLAN.

Patient Signature _____ Date: _____

Effective July 1, 2011
Provision of La. R.S. 22:1880