

## Non-Participating Provider Consent Form<sup>1</sup>

Your participating surgeon is arranging for you to have a procedure using an assistant surgeon or a co-surgeon who is not participating in Oxford's Network.

We want you to be aware that Oxford requires participating physicians to meet certain credentialing requirements and to accept Oxford's contracted payment rates. Nonparticipating assistant surgeons and co-surgeons (AS/CS) are not credentialed by Oxford and, therefore, may not meet our credentialing requirements and are also not required to accept our contracted payment rates.

Using a *non-participating* assistant surgeon or co-surgeon will result in higher out-of-pocket costs for you, if you have out-of-network benefits. If your policy does not include out-of-network benefits, the nonparticipating provider's services will not be covered and you will be responsible for the full cost charged by the *non-participating* provider.

You have the right to use participating providers, who have been credentialed by Oxford and have agreed to accept our contracted rates for your upcoming procedure. If you have questions or would like to locate participating assistant surgeons/co-surgeons, please ask your doctor to arrange for their use or call Oxford Customer Service at the telephone number listed on the back of your health plan identification card.

If there is no participating provider to perform the requested assistant surgeon or co-surgeon services in your geographic area, your participating physician can ask Oxford for an exception to allow you to receive services from a *non-participating* provider at an in-network benefit level ("in-network exception"). The request must be made at least 14 days prior to the scheduled procedure.

**To be complete by patient or legal guardian (choose only 1 box):**

I WANT health care services from a participating provider in connection with my upcoming procedure that will include an assistant surgeon or co-surgeon and ask my participating physician to arrange for these in-network services. I DO NOT AGREE to receive out-of-network health care services from a non-participating provider.

I WANT AND AGREE (VOLUNTARILY CHOOSE) to receive services from a non-participating provider, in connection with my upcoming procedure. I discussed the use of a non-participating provider with my participating physician and I understand that:

- The assistant surgeon or co-surgeon is not participating in the Oxford network and Oxford has not credentialed this provider
- The services will be treated as out-of-network (unless an in-network exception is approved by Oxford before the procedure);
- If I have out-of-network benefits, I will be responsible to pay my share of the out-of-network costs based on my available benefits (which includes amounts above out-of-network reimbursement levels as well as my out-of-network deductible and coinsurance)
- If I do not have out-of-network benefits, I will be responsible for the full cost of the non-participating provider's services;
- I was given an opportunity to contact Oxford before obtaining these services to confirm my benefits and to obtain names of participating providers; and
- The non-participating provider cannot waive copayments, deductibles, coinsurance or other amounts I am responsible to pay under my health plan.

Signature of Patient, Parent (if patient under age 18) or Legal Guardian:
Print Name:
Date:
Daytime Phone Number:

**To be completed by the participating physician:**

Participating Physician Name: <b>Andrew D. Pearle, MD</b>	Participating Physician TIN: <b>263381739</b>
Patient Name:	Oxford Member ID#:
Non-Participating Provider: <b>PA</b>	Non-Participating Provider TIN:
Date of Service:	

<sup>[1]</sup> This Form is only required for Oxford Members on Lines of Business situated in New York. Oxford insurance products are underwritten by Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans, Inc. MS-18-052