Physicians Medical Center
Facility Disclosure Requirements

Pursuant to LRS 22:1880, Physicians Medical Center (PMC) discloses that as of _____ /_____ / 201____ it **IS / IS NOT** (circle one) a participating provider with _____ Insurance company on the following date of service ___/___ /___.

PATIENT (or GUARDIAN'S) INITIALS: _____

Additionally, Louisiana law requires PMC to provide the following balance billing disclosure notice;

Healthcare services may be provided to you at network healthcare 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, amounts due for co-payments, co-insurance, deductibles as well as non-covered services. Specific information about in network and out of network facility-based physicians can be found by contacting your health plan by phone or at their web site.

PATIENT (or GUARDIAN'S) INITIALS: _____

Additionally, Louisiana law requires PMC to advise its patients that they are entitled to receive a list containing the names/contact information for each individual or group of hospital-contracted anesthesiologists, pathologists, radiologists, hospitalists, intensivists, & neonatologists (hospital-based physicians) who provide services at PMC. You may also request information from your health insurance issuer as to whether these physicians are contracted with them and under what circumstances you may be responsible for payment of any amounts not paid by them.

I **WOULD / WOULD NOT** (circle one) like to receive a list of PMC's hospital-based physicians.

PATIENT (or GUARDIAN'S) INITIALS: _____

Additionally, PMC advises that its website, (www.physicianshouma.com) contains a complete list of physicians who have been granted medical staff privileges to provide medical services at the facility. Additionally, our website also contains the names and contact information for each facility-based physician. Both physician lists are updated frequently, not exceeding thirty (30) days between updates.

PATIENT (or GUARDIAN'S) INITIALS: _____