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ASSIGNMENT OF
BENEFITS/AUTHORIZATION FOR
TREATMENT:

I hereby authorize treatment and authorize the provider of medical services to release information for these services to my insurance carrier for payment. I further authorize that payment of benefits be made to the provider on my behalf. I understand that I am financially responsible for all charges not covered by my insurance and it is likely there is a balance due. I understand that in accordance to the No Surprise Act, this includes, but is not limited to, services rendered as an out of network physician. This also includes both non-emergent and emergent situations where treatment is provided. I understand that the copayment is expected at time when services are rendered. I understand that payment will be due when services are rendered without valid referral.

Patient or Authorized Representative

Date

The Neuroscience Center of Northern NJ **does not participate** with the following insurance:

Aetna Better Health	Medicare Advantage Plans
Americhoice	NJ Family Care
Amerigroup	Oscar
Amerihealth	Oxford Freedom
Basic and Essential BC	Oxford Liberty
BCBS Omnia (<i>silver, gold</i>)	Oxford Liberty HMO
BCBS Prime Health	Oxford Liberty EPO
Care First	Oxford Liberty Nongated
Cigna Care Network (CCN)	Oxford Medicare
Cigna Local Plus Network	Qualcare HMO of St. Barnabas
Emblem Health VIP Essential HMO	Qualcare Regional
GHI of NY	UMR Choice Plus
Healthnet	United Healthcare Community Plans
Horizon Medicare Blue Advantage HMO	United Healthcare
Horizon Medicare Blue Access	VIBRA