THE SAMRA GROUP, LLC
COSMETIC & RECONSTRUCTIVE SURGERY

733 North Beers Street
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Holmdel, NJ 07733
(732) 739-2100

200 Perrine Road
Suite 228
Old Bridge, NJ 08857
(732) 727-8800

PATIENT RESPONSIBILITY FOR OUT-OF-NETWORK PROVIDER WAIVER

I ____ understand and acknowledge that I have been advised by The Samra Group that my insurance carrier is out-of-network. I further understand and acknowledge that I will be financially responsible for any fees or charges that are not covered by my insurance carrier. I was informed that it is my responsibility to verify network providers with my carrier.

Patient/ Guardian Signature:____________________________ Date:________________

Witness by:____ Date:________________
Department Staff Signature

PI-2/08