## Patient Notice Regarding Physicians Who May Be Out-of-Network

The Surgeons, anesthesiologists, radiologists, pathologists and certain other healthcare providers that you may receive treatment at Cool Springs Surgery Center are not employed by Cool Springs Surgery Center. The services provided to you by these providers will be billed to you separately. These providers may be out-of-network with your insurer and, therefore, not participate in your insurance network.

If you receive treatment from a healthcare provider at Cool Springs Surgery Center who is not in your insurance network, you will be billed out-of-network charges by that provider, which such charges are typically higher than in-network charges.

To avoid being billed out-of-network changes, before receiving services, you should ask Cool Springs Surgery Center if you will be provided any medical services by healthcare providers who are not in your insurance network and also check with your insurance carrier to confirm if your providers are in-network.

Cool Springs Surgery Center is contracted with the following physicians and/or physician groups to provide the following services, some of which may be out-of-network:

## Anesthesia

- Vanderbilt Medical Group/Anesthesia Billing
  - 0 615-936-0910
  - https://ww2.mc.vanderbilt.edu/1anesthesiology/31647

## Radiology

- Cool Springs Imaging/Vanderbilt Radiology
  - 0 615-771-8668
  - https://www.vanderbilthealth.com/radiology/51546

## Pathology

- Associated Pathologist dba Path Group
  - 0 877-456-6706
- Vanderbilt Pathology
  - 0 615-936-0510
  - o https://ww2.mc.vanderbilt.edu/vpls/41723

By signing this notice, you agree to receive medical services by any out-of-network healthcare provider and will receive a bill for the charges unpaid by your insurer.

You will receive a separate estimate of the amount Cool Springs Surgery Center will charge for items and services in accordance with your health benefits coverage.

Patient or Patient Representative Signature	Date	
Patient or Patient Representative Signature	Relationship to Patient	