

Performance Surgery Center, LLC  
MD Anesthesia, LLC  
JWP Medical Services, LLC  
BCT Anesthesia, LLC  
Performance Medical Practice, LLC  
Sanjay Tewari MD, LLC  
Advanced DME, LLC

Performance Surgery Center, LLC  
1084 Main Avenue  
Clifton, New Jersey 07011

**\*TREATMENT OUT OF NETWORK-NOT PARTICIPATING PROVIDER\***

I, \_\_\_\_\_ am aware that  
*First/Last Name*

*Performance Surgery Center, LLC, MD Anesthesia, LLC, JWP Medical Services, LLC, BCT Anesthesia, LLC, Performance Medical Practice, LLC, Sanjay Tewari MD, LLC, Advanced DME, LLC are not a participating provider with Medicare or Medicaid and is Out Of Network with all commercial insurances.*

*I am aware that I will be responsible for any charges that my insurance plan does not cover.*

*I am also aware that my insurance plan may send payments for services performed directly to me.*

I understand that it is my responsibility to submit/return checks issued to me directly to Performance Surgery Center, LLC, MD Anesthesia, LLC, JWP Medical Services, LLC, BCT Anesthesia, LLC, Performance Medical Practice, LLC, Sanjay Tewari MD, LLC, Advanced DME, LLC at the address above.

If I do not submit/return any payment received by me from my insurance carrier for services rendered in the mentioned above surgery center within a reasonable period of time, by signing this agreement I understand that Performance Surgery Center, LLC, MD Anesthesia, LLC, JWP Medical Services, LLC, BCT Anesthesia, LLC, Performance Medical Practice, LLC, Sanjay Tewari MD, LLC, Advanced DME, LLC can legally hold me responsible.

\_\_\_\_\_  
*Patient (Guardian) Signature*

Date: \_\_\_\_\_