



NOTICE OF ADDITIONAL PROVIDER

Date of Notice: _____

Patient Name: _____

Scheduling/Referring Physician Name: _____

You are being provided with this Notice of Additional Provider because:

- The health care providers listed below have been scheduled to perform anesthesiology, laboratory, pathology or assistant surgeon services in connection with care to be provided to Patient by Physician in our office.
- The health care providers listed below have been coordinated or referred to the Patient by Physician.
- The services of the physicians listed below have been arranged for the Patient's scheduled facility admission or scheduled outpatient facility services at the Facility listed above.

PROVIDER & PRACTICE NAME:	PHONE NUMBER:	MAILING ADDRESS

We recommend that the Patient contact the providers listed above to determine whether they participate in the Patient's health benefits plan. We also recommend that the Patient contact their health benefits plan carrier for further consultation on costs associated with these services.