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Dear Patient or Guardian:

Please be advised that as of February 8, 2007, we will no longer be participating in Cigna Insurance plans, the plan in which you are presently enrolled. We understand the consequences of this decision to both you and your family, and we assure you that we did not come to this decision easily. We strive as a group to uphold our mission of quality care in a supportive and compassionate environment. We offer fellowship-trained surgeons in our practice, providing state-of-the-art care. In the past, we, like many physicians, have yielded to the demands of managed care carriers. However, we now feel that your patient care is being compromised, and we must withdraw from participation in this insurance company based on our mission and values as health care providers. We encourage you to call Cigna Member Services, on the back of your insurance card to voice any concerns.

Most of our patients have optional "Out-of-Network" benefits, especially if you have a PPO (Preferred Provider Organization) or POS (Point of Service) contract. We would like to continue providing your medical care through your Out-of-Network benefits. Many health care providers have been forced to make similar decisions. Therefore, familiarizing yourself with your Out-of-Network benefits at this time will be beneficial to you. In most cases, Out-of-Network benefits require a deductible and co-insurance amounts for which you will be responsible. We suggest you contact your employer's Human Resources department, or your insurance company to clarify your benefits.

The questions below will help you to obtain the necessary information:

1. Are Out-of-Network benefits available? Yes No
2. Your Out-of-Network deductible amount:
 \$250 \$500 \$1000 Other: _____
- The amount applied toward your deductible at this time: _____
3. Co-insurance amounts: 10% 20% 30% Other: _____
4. Maximum out-of-pocket expense: \$ _____
5. Does the carrier require a "special" claim form for Out-of-Network services?
 Yes No If yes, what is the form called? _____

Ask them to send you the form.

6. Name of person you spoke to: _____ Telephone no.: _____

Please feel free to contact our office to speak with one of our Insurance Specialists. Our Insurance Specialists will help you to understand your Out-of-Network benefits, explain our claim submission process, and discuss our financial policies.

Sincerely,
Advanced Laparoscopic Surgeons of Morris, L.L.C.

Alexander D. Abkin, M.D., F.A.C.S. Nicholas A. Bertha, D.O., F.A.C.S.