YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?
When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.
"Out-of-network" describes facilities that haven't signed a contract with your health plan. These providers may be permitted to bill you for the difference between what you plan agreed to pay and the full amount charged for a service. This is called "balance billing."

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency Services - If you receive emergent care from an out-of-network provider, the most you may be billed is your plan's in-network cost–sharing amount. This includes services received after you are in stable condition, unless you give written consent to give up your protections not to be balance billed.

Certain Services at an in-network hospital – When you get care from an in-network hospital, certain providers three may be out-of-network. Under the law, you are protected against balance billing for the following services: emergency services, anesthesia, pathology, radiology laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. This means these providers can only bill you in-network rates. Out-of-network providers of other services may be able to balance bill you if you choose to provide written consent to give up your protections.

When balance billing isn't allowed, you also have the following protections:
You are only responsible for paying your share of the cost (copayments, coinsurance and deductibles) that you would pay if the provider or facility was in-network.
Your health plan general must generally:

- Cover emergency services by out-of-network providers without requiring you to get approval for services in advance (prior authorization)
- Bas what you owe the provider or facility on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact our Patient Financial Services team at 336-328-3331.