NO SURPRISES ACT

Beginning January 1, 2022, per Federal Regulations, patients have a right to an estimate of the cost of having a procedure or surgery, called a Good Faith Estimate, and more protection from unexpected, or surprise, bills when they receive care from out-of-network providers at in-network facilities. These protections are part of the Consolidated Appropriations Act of 2021 which includes the No Surprises Act. For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call 1-800-985-3059.

GOOD FAITH ESTIMATE: You have the right to receive a "Good Faith Estimate" explaining how much your health care will cost. Patients who don't have certain types or are not using certain types of health care coverage will receive an estimate of their expected bill before those services are provided.

WHAT IS "BALANCE BILLING" (SOMETIMES CALLED "SURPRISE BILLING")?: 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 providers and facilities that have not signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS: When you are treated by an out-of-network provider, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

CERTAIN SERVICES AT AN AMBULATORY SURGICAL CENTER: When you get services from an ambulatory surgical center, certain providers may be out-of-network. This applies to services including, but not limited to. anesthesia and pathology services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed

WHEN BALANCE BILLING IS NOT ALLOWED, YOU ALSO HAVE THE FOLLOWING PROTECTIONS: You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly. Your health plan generally must: (1) Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits. (2) Count any amount you pay for out-of-network services toward your deductible and out-of-pocket limit.

If you think you've been wrongly billed, you may contact the U.S. Department of Health and Human Services' No Surprises Helpdesk at 1-800-985-3059, which is the entity responsible for enforcing the federal balance or surprise billing protection laws.
Visit https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf and follow CMS version 2 guidelines for more information about your rights under federal law.