

No Surprises Act

The No Surprises Act was implemented to protect patients with certain insurance coverage from surprise bills at nonparticipating facilities, by nonparticipating providers at participating facilities, and air ambulance services from nonparticipating providers. The No Surprises Act also enables patients to receive a good faith estimate of the cost of scheduled care.

Patient Rights and Protections Against Surprise Medical Bills

Balance Billing

Certain out-of-pocket costs are expected when a patient is covered by health insurance plans. These cost sharing amounts may include copayments or deductible amounts. If a provider or health care facility is not in your plan's network, you may be responsible for additional charges or the total bill. "Out-of-network" providers and facilities do not have a contract in place with your health care plan or insurer. You may be responsible for charges not covered by your plan. "Balance billing" for the full amount is allowed in some circumstances and may not be considered as part of your plan's deductible or out-of-pocket limit. "Surprise billing" is an unexpected balance bill.

Surprise billing is not allowed in specific situations, when the patient has little control over who is providing care.

Emergency Care

If you receive emergency care from an out-of-network facility or provider, neither can bill an amount over your plan's in-network amount. You cannot be balance billed for stabilizing care after the emergency services, unless you sign a written consent to be billed for the balance. You are still responsible for the cost sharing amounts (copayments, coinsurance, and deductibles).

Hospital or Surgery Centers

If you receive care at an in-network hospital or surgery center, some providers may be out-of-network. Those providers can only bill in-network or cost sharing amounts and cannot ask for your consent to bill out-of-network amounts. Services may include emergency medicine, anesthesia, pathology, radiology, surgeons, or hospitalists, among others.

For billing questions or concerns, you should contact the provider or facility. It is the patient's right to file a complaint for an independent federal review (see Dispute Resolution Process below).

Good Faith Estimates

If you are uninsured or do not plan to submit the claim to your insurance, health care providers and facilities must provide you with a "good faith estimate" of expected costs before you receive services. The estimate should include anticipated charges of the primary service and other items or services that are part of the same scheduled experience. You should expect the following:

- Your good faith estimate before an item or service is provided, within certain timeframes.

- An itemized list with specific details and expected charges for items and services related to your care.
- Your good faith estimate in writing (paper or electronic). Note: A provider or facility can discuss the information included in the estimate over the phone or in person if you ask.
- Your estimate in a way that is accessible to you.

If the charges are at least \$400 more than the good faith estimate, you may be eligible to start a patient-provider dispute.

Dispute Resolution Process

You may be eligible for the patient-provider dispute resolution process if you received a bill from any single provider or facility that is at least \$400 more than the good faith estimate.

Eligibility requirements:

- You're uninsured or self-pay (you have insurance but didn't use it to pay for your health care item or service).
- You scheduled and received the medical items or services on or after January 1, 2022.
- You have a good faith estimate from your provider.
- You have a bill dated within the last 120 calendar days.
- The difference between the good faith estimate and the bill from any single provider or facility is at least \$400.

If you meet eligibility requirements, you will need to provide the good faith estimate and bill, and pay a \$25 non-refundable administrative fee. The medical bill disagreements link below provides further information regarding the dispute resolution process.

For further assistance regarding surprise bills, or for information in another language or accessible format like Braille or audio, call the No Surprises Help Desk at 1-800-985-3059.

More information about the ruling, disputes, and patient resources can be found at:

<https://www.cms.gov/nosurprises>.

Understanding costs in advance:

<https://www.cms.gov/nosurprises/consumers/understanding-costs-in-advance>

Medical bill disagreements if you are uninsured:

<https://www.cms.gov/nosurprises/consumers/medical-bill-disagreements-if-you-are-uninsured>