NOTICE OF PATIENT RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

Beginning January 1, 2022, healthcare facilities must provide a good faith estimate of expected charges to ***uninsured consumers***, or to insured **consumers if the patient does not plan to have their health plan help cover the costs (self-paying individuals).** The good-faith estimate must be provided after a patient has scheduled a surgery, or upon their request. It should include expected charges for the primary item or service they're getting, and any other items or services that are provided as part of the same scheduled experience.

"Surprise billing" is an unexpected balance bill. "Out-of-network" describes a facility that has not signed a contract with your health plan. If you have an ***emergency medical condition and get emergency services,*** the most the facility may bill to you is the in-network cost-sharing amount

As the patient, you have the following protections:

You are 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 generally must:

- Cover emergency services without requiring you to get approval for services in advance (prior authorization).
- Cover emergency services by out-of-network providers.
- 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.

If you believe you've been wrongly billed, you may contact www.cms.gov/nosurprises for more information about your rights under federal law.

© VMG Holdings, LLC. All Rights Reserved.