



## **Understanding Your Rights Against Surprise Billing**

Your health benefit plan may or may not provide coverage for all of the health care services you are scheduled to receive or the providers providing those services. You may be responsible for the costs of the services that are not covered by your health plan.

“Surprise billing” is an unexpected balance bill. This can happen when you can not control who is involved in your care such as an emergency service or when you schedule a visit at an in network facility but are unexpectedly treated by an out-of-network provider.

A non-participating provider must provide a Good Faith Estimate of the cost of the health care services to be provided. This applies to patients with no health care insurance as well. Out-of-network describes a provider that does not have an existing contract with your health plan. Opting to choose services with an out-of-network provider may result in higher out-of-pocket costs such as higher copays, co-insurance amounts or higher yearly deductible for the same services and may not count toward your annual out-of-pocket limit.

You have the right to request that the health care services be performed by a provider that participates with your health benefit plan, and may contact your carrier to arrange for those services to be provided with in-network providers who can perform the health care services you need.

You have the right to a dispute resolution process if you are billed for more than \$400 over your Good Faith Estimate within 120 calendar days of the date on the original bill. You may contact the provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill, negotiate the bill or ask for financial assistance.

To learn more and get a form to start the process, go to <https://www.cms.gov/nosurprises> or call 800-985-3059.