

Your Rights and Protections Against Surprise Medical Bills

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, like a copayment, coinsurance, or deductible. You may have additional 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” means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays 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 plan's deductible or annual out-of-pocket limit. “Surprise billing” is an unexpected balance bill.

Starting in 2022, there are new protections that prevent surprise medical bills. If you have **private health insurance**, these new protections ban the most common types of surprise bills. If you're uninsured or you decide not to use your health insurance for a service, under these protections, you can often get a good faith estimate of the cost of your care up front, before your visit. If you disagree with your bill, you may be able to dispute the charges. People with Medicare and Medicaid already enjoy these protections and are not at risk for surprise billing. Here's what you need to know about your new rights under the No Surprises Act.

What are the new protections if I have health insurance?

- Ban surprise bills for most emergency services, even if you get them out-of-network and without approval beforehand (prior authorization).
- Ban out-of-network cost-sharing (like out-of-network coinsurance or copayment) for most emergency and some non-emergency services. You can't be charged more than in-network cost-sharing for these services.
- Ban out-of-network charges and balance bills for certain additional services (like anesthesia or radiology) furnished by out-of-network providers as part of a patient's visit to an in-network facility.

If you have any billing questions, please call our billing department at 727-821-8101 ext 309.

If you think you've been wrongly billed, call 1-800-985-3059 for information or to file a complaint. Visit www.cms.gov/nosurprises/consumers for more information about your rights under federal law.