



Notice of Rights and Protections Against Surprise Medical Billing

Starting January 1st, 2022, The No Surprises Act ensures when you receive emergency care or are treated by out-of-network providers at an in-network hospital or ambulatory center, you have certain protections from surprise/balance billing.

What is “balance billing” (sometimes known as “surprise billing”)?

When you see a health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or 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 haven’t 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.

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

Under the No Surprises Act, you are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan’s in-network cost-sharing amount (such as copayments and coinsurance). You **can’t** be balance billed for these emergency services. This includes services you may get after you’re in stable condition, unless you give written consent and give up your protections.

Certain services at an in-network hospital or ambulatory center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan’s in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can’t** balance bill and may **not** ask you to give up your protections.

If you receive other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up those protections. **You're never required to give up your protections. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.**

When balance billing isn't 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:
 - 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 explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

Good Faith Estimate

Starting January 1, 2022, providers and facilities must provide a good faith estimate of expected charges for items and services to an uninsured (or self-pay) individual if requested.

- The good faith estimate must include expected charges for the items or services that are reasonably expected to be provided together with the primary item or service.
- You may request a good faith estimate for a visit by calling our office at 303 779 5437.

Your Responsibility

Pediatrics 5280 does not provide emergency services. It is your responsibility to check with your insurance if we are in-network, and what is covered, when receiving care in our office.

If you believe you've been wrongly billed, please contact our office. If you have questions about your rights under this law, you may contact:

1. <https://www.cms.gov/nosurprises/consumers>
2. HHS, in coordination with the Department of the Treasury, Department of Labor and the Office of Personnel Management, has a telephone line for individuals to submit complaints regarding potential violations of the No Surprises Act. Call: 1-800-985-3059

By signing this form, I acknowledge that I have read and been informed of these rights.

Parent/Guardian Signature

Date