

Your Rights and Protection Against Surprise Medical Bills

When you receive emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center; you are protected from balance billing also known as surprise balance billing.

What is “balance billing?”

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as copays, coinsurance, and or deductible. You may have other costs or be held accountable to the entire bill if you see a provider or visit a health care facility that isn't in your insurance 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 especially 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.

You are protected from balance billing:

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 plans in network cost-sharing amount (copays and coinsurance). You **CAN NOT** be balance billed for these emergency services. This includes services you may get after you are in stable condition unless you give written consent to give up your protections not to be balanced billed for these post-stabilization services.

Services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers may still be out-of-network. In these cases, the most those providers may bill you is your plans **in-network** cost sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **CAN NOT** balance bill you and **MAY NOT** ask you to give up your protections not to be balance billed. If you get other services at these in-network facilities, out-of-network providers **CAN NOT** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You can choose a provider or facility within your plans Network.

More information about your rights and protections

For specific information on your State Laws, please contact the insurance commissioner for the state in which you received your care.

- Visit <https://www.cms.gov.nosurprises> for more information about your rights under the Federal Law.
- Visit <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXV/Chapter111/Section228> for more information on your right under MA State Law.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost such as copays, deductibles and other coinsurances that is imposed by your insurance company if the provider or facility was in-network. Your health plan will pay out-of-network providers and the facilities directly.
- Your health plan generally must:

- Cover emergency services without requiring you to get approval for services in advance. (Referral or Prior Authorization)
- Cover emergency services by out-of-network providers.
- Base why you owe the provider or facility on what it would pay an in-network provider or facility and show that amount in your EOB (Explanation of Benefits)
- Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

Contact Beverly Podiatry at (978) 922-0288 if you have any questions about your bill.

If you believe you have been wrongly billed, you may contact:

- **Center for Medicare Services (CMS) at (800) 985-3059.**
<https://www.cms.gov/nosurprises>
- **The Massachusetts Attorney General's Office**
(888) 830-6277

<https://www.mass.gov/how-to/file-a-health-care-complaint>

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Federal and State Disclosure Statement

You are entitled to request an estimate of charges from our office prior to consenting to any treatment.

We recommend that you contact your insurance carrier for any additional fee information and confirmation that the provider you are scheduled with is in your network.