PATIENT’S STATEMENT OF RIGHTS AND PROTECTIONS FROM SURPRISE MEDICAL BILLS

Patient Responsibility
As a patient you are responsible for certain out-of-pocket costs for services rendered, even when you have insurance. Out-of-pocket costs include co-payments, coinsurance and/or any deductible associated with your insurance coverage. When you select a provider or facility that is “Out-of-network”, that provider or facility is not a contracted physician with health plan’s network. Depending on your insurance coverage, you may have Out-of-network coverage for certain services for certain amounts, and/or you may incur direct cost by receiving services from an Out-of-network provider, including full financial responsibility for the entire bill when you see an Out-of-network provider or facility. In certain instances, Out-of-network providers are legally required to collect from you for the difference between what your insurance plan agrees to pay and the full amount charged for a service (“balance billing”), as well as out-of-pocket costs, including co-payments, coinsurance and/or any deductible amounts associated with your insurance coverage.

Surprise Billing
Surprise Billing is when you receive an unexpected bill when you have an emergency or when you visit an in-network facility but are treated without your consent your consent that you knew the services were out-of-network and would not be covered by your health plan. You may be in a receipt of a “surprise bill” when your in-network provider at a hospital or ambulatory surgery facility refers you to an out-of-network provider (including lab and pathology services) without your consent that you knew the services were out-of-network and would not be covered by your health plan. When you receive a Surprise Bill, you have the following protections, you are only responsible for paying your share of the cost (copayments, coinsurance, and deductibles as if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly in an amount payable at an in-network rate, and any amount paid by you towards your out-of-pocket costs shall be included.

If you believe you are in receipt of a Surprise Bill, contact:
- If your coverage is subject to New York State law (“fully insured coverage”), contact the New York State Department of Financial Services at (800) 342-3736 or surprisemedicalbills@dfs.ny.gov.
- Visit http://www.dfs.ny.gov for your rights under state law;
- Contact CMS at 1-800-985-3059 for self-funded coverage or coverage bought outside New York; &

Your health is in your hands. You may choose to see a provider or facility in your plan’s network.