



## **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 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](mailto: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; &
- Visit <http://www.cms.gov/nosurprises/consumers> for information about your rights under federal law.

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