

Your Rights and Protections Against Surprise or Balance Billing

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is Surprise or Balance Billing?

When you see a doctor or other 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 is not in your health plan's network. "Out-of-Network" describes providers and facilities that have not 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 cannot 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. Insurers are required to tell you, via their websites or on request, which providers, hospitals, and facilities are in their networks. Hospital, surgical facilities, and providers must tell you which provider networks they participate in on their website or on request.

You are protected from balance billing for the following:

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. You cannot be balance billed for these emergency services. This includes services you may get after you are in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain Services at In-Network Hospital or Ambulatory Surgery 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, surgeons and assistant surgeons, hospitalists, or intensivist services. These providers cannot balance bill you and cannot 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 cannot balance bill you unless you give written consent and give up your protections.

You are never required to give up your protections from balance billing. You also are not required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing is not allowed, you have additional protections:

1. You are only responsible for paying your share of the cost. Your health plan will pay out-of-network providers and facilities directly.
2. Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance.
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility on what it would pay in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you have been wrongly billed, you may file a complaint with the federal government at <https://www.cms.gov/no-surprises/consumer> or by calling 800-985-3059; and/or file a complaint with the WA State Office of the Insurance commissioner at their <https://www.insurance.wa.gov/> or call in 800-562-6900.

Visit <https://www.cms.gov/nosurprises> for more information about your rights under federal law.

Visit the Office of the Insurance Commissioner Balance Billing Protection Act website for more information about your rights under WA State law at: <https://www.insurance.wa.gov/what-consumers-need-know-about-surprise-or-balance-billing>

If you believe you have been balance billed, you may file a complaint with the Eastside Surgery Center Director at 425-270-3713.