Your Rights and Protections Against Surprise Medical Bills

# A new law, the No Surprises Act, protects you from balance billing for emergency or out-of-network care at hospitals and ambulatory surgical centers. This Notice explains what balance billing is and the protections you are given as a patient.

# What is “balance billing” (sometimes called “surprise billing”)?

When you come to our clinic for your speech, language, and hearing needs, especially if the clinic is out-of-network with your health insurance plan, you may owe certain [out-of-pocket costs](https://www.healthcare.gov/glossary/out-of-pocket-costs/), like a [copayment](https://www.healthcare.gov/glossary/co-payment/), [coinsurance](https://www.healthcare.gov/glossary/co-insurance/), or [deductible](https://www.healthcare.gov/glossary/deductible/).

“Out-of-network” means that the clinic has not signed a contract with your health plan to provide services. As a result, the clinic may be allowed to bill you for the difference between what your plan pays and the full amount I charge for a service. This is called “balance billing” and may result in a more expensive bill for you that also might not count toward your plan’s deductible or 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 schedule a visit at an in- network facility but are unexpectedly treated by an out-of-network provider.

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

# When balance billing isn’t allowed, you also have these protections:

* You’re only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network).
* Your health plan will pay any additional costs to out-of-network providers and facilities directly.
* Generally, your health plan must:
  + 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 your explanation of benefits.
  + Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you’ve been wrongly billed or for more information about your rights under federal law, please visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers), email [FederalPPDRQuestions@cms.hhs.gov](mailto:FederalPPDRQuestions@cms.hhs.gov), or call 1- 800-985-3059.