



# Surprise Medical Bills: Frequently Asked Questions

**S**tarting January 1, 2022, patients will have new billing protections against most surprise medical bills, particularly services provided by out-of-network providers. The *No Surprises Act* applies to patients who get health insurance through their employer, the Health Insurance Marketplace (Healthcare.gov), or an individual health insurance plan purchased directly from an insurance company. Patients who have Medicare, Medicaid, or other public insurance plans are already protected from surprise billing practices.

While these federal protections will allow patients to only be responsible for their in-network cost-sharing amount (their co-pay or co-insurance), the new law also establishes new policies and procedures to help patients know their rights and how much their health care could cost. This resource is designed to answer questions patients may have about the *No Surprises Act* law.

## What are surprise medical bills?

“Surprise medical bills” are types of bills that insured patients receive after they have unknowingly or involuntarily received care from a healthcare provider, service or facility that is outside their insurance coverage network (called “out-of-network”). The practice is known as “balance billing” because patients are left responsible for paying the balance of bills - the difference between what the patient’s health insurance chooses to cover and what the out-of-network provider or facility chooses to charge. These bills can range from hundreds to thousands of dollars, causing financial distress for many patients and families.

## What do the new federal protections mean for me?

The new protections mean that if you are insured, you cannot be billed more than your in-network cost-sharing amount (i.e., your co-pay or co-insurance) for all emergency services and some non-emergency services. More specifically, you are protected from receiving surprise medical bills for:

- Care received in an emergency room
- Emergency transportation by air ambulance (but NOT for ground ambulance)
- Care received in a hospital following an emergency visit, (known as “post-stabilization services”)
- Non-emergency care received at an in-network hospital or facility by out-of-network providers

## Glossary

**Ancillary Providers:** providers that provide services such as but not limited to laboratories, imaging center, durable medical equipment suppliers, prescriptions, etc.

**Cost-Sharing:** refers to the patient’s portion of costs for healthcare services (co-pays, co-insurance, and deductibles). The patient is responsible to pay cost-sharing amounts out-of-pocket.

**Co-Insurance:** the percentage of medical costs that you pay after your deductible has been met.

**Co-Pay:** a set amount you pay at the time of service for prescriptions, doctor visits, and other types of care.

**In-Network:** medical providers (including doctors, hospitals, facilities, etc) that have an agreement or contract with your health plan to provide your care at a reduced negotiated rate. This group of providers is referred to as your network.

**Out-of-Network:** medical providers (including doctors, hospitals, facilities, etc) that do not have an agreement or contract with your health plan on the cost of their services. Payment for services from out-of-network providers could be covered, not covered at all, or partially covered, depending on the type of insurance plan you have.





## Are there other protections against surprise medical bills?

In addition to the federal protections that apply to people who get their insurance from their employer, the Health Insurance Marketplace (Healthcare.gov), or an individual health insurance plan purchased directly from an insurance company, people who have insurance through a state health plan (i.e., state employees) may also have protections if their state passed laws offering patient protections against surprise medical bills. As of February 5, 2021, 33 states have passed patient protections.

## Can I still receive a surprise medical bill?

Unfortunately, yes - you can still receive a surprise medical bill. But you are only legally and financially responsible for paying your in-network cost-sharing amount. Not sure if you've received a surprise medical bill? You can find out by comparing your medical bill amount due with the Explanation of Benefits (EOB) document you receive from your insurance plan (in the mail or on your health insurance online member portal) indicating the amount of patient responsibility. This document will break down what your provider billed, what your insurance company paid, and what you are left to pay as part of your deductible or co-insurance. [Click here to learn more about EOBs](#). If the amount on the bill is more than what your EOB indicated what you should pay as patient responsibility, then you've likely received a surprise medical bill.

If you received a surprise medical bill, remember - you're only responsible to pay for the services at the in-network cost-sharing rate. Contact your provider and tell them you received a bill in error. You can also reach out to your insurance company for assistance to ensure they covered their portion of the charges correctly. If things are still not resolved, you can file a complaint at the [No Surprises Help Desk](#) by calling 1-800-985-3059 from 8 am to 8 pm ET, 7 days a week, or you can file a complaint online.

## In addition to these protections, what else do I need to know about the new law?

You have the right to know if any of the doctors you see or the facilities you use are out-of-network. Your insurance plans are required to keep up-to-date provider directories (available on your insurance plan's website), and doctors are required to tell you if they are in-network or out-of-network with your insurance. If they are out-of-network and you would still like to receive care from them, they will need to provide you with a good faith estimate for the service they will be providing that explains your out-of-network financial responsibility and you will need to sign the [Surprise Billing Protection Form](#) that will waive your rights. ***If you sign this form, this means that they can send you a surprise medical that will likely cost more than your in-network cost-sharing.***

## I'm uninsured. Are there any protections for me?

Yes. If you don't have insurance or you choose to pay for care without using your insurance (known as "self-paying" for care), the new rules allow you to receive a good faith estimate of how much your care will cost ahead of time. This gives you a chance to plan, budget or request financial assistance, if needed, before you get care and receive a bill for those services.



If you need help disputing a surprise medical bill you have received, contact Patient Advocate Foundation for [one-on-one navigation assistance](#) to help you resolve it.