



## What to do if you think you got a surprise medical bill:

**If you have any kind of health insurance**, and you have received a surprise bill for the following services:

- out-of-network emergency care including post-stabilization care through discharge;
- out-of-network non-emergency care at certain in-network facilities without your knowledge or written consent;
- out-of-network supplemental care received during emergency or non-emergency care;
  - Supplemental care is performed by anesthesiologists, radiologists, pathologists, and assistant surgeons.
- out-of-network care you received because you relied on misinformation about a provider's network status in your health plan's provider directory;
- out-of-network air ambulance.

**Use the plan's internal appeal process to appeal** your health plan's decision not to **pay all or part** of a claim for the above listed services even if you have not yet received a bill. You can also **use the external review process** described in your plan documents and denial notices to request the external review of your plan's decision. If you are not satisfied with the outcome, you can [file a complaint](#) online.

**If your health insurance plan is subject to New York State law**, and you receive a surprise bill because:

- you were referred to an out-of-network provider by an in-network doctor; OR
- you received out-of-network physician services at an in-network hospital or facility prior to January 1, 2022; OR
- you received an out of network ground ambulance ride related to a medical emergency

You must send a **Surprise Bill Certification Form** to your health plan and provider to make sure they know you received a surprise bill and that you must be protected from balance billing.

- [Surprise Medical Bill Certification Form \(ny.gov\)](#)

**If you are uninsured or if your health insurance plan is NOT subject to New York State law** (self-insured):

- Health care providers must give you a [Good Faith Estimate](#) of what their expected charges will be before you get health care services.

- If you are billed for an amount that is at least \$400 more than the amount on the Good Faith Estimate you got from your health care provider, you (or your authorized representative) may [dispute the charges](#) in the Federal and/or NYS patient-provider dispute resolution process.
- You have to ask for the review within 120 days of getting the bill.
- If your provider does not provide you with a Good Faith Estimate before providing services, you can [submit a complaint](#) to CMS or with NYS's Department of Financial Services.

To start a dispute under the No Surprise Act online: [Patient Provider Dispute Resolution Initiation Form](#)

To file a complaint online about the dispute resolution process: [Consumer Complaint Form \(cms.gov\)](#)

**If you are uninsured or if your health insurance plan is NOT subject to New York State law (self-insured) AND you received care before January 1, 2022:**

- You may qualify for an **independent dispute resolution (IDR)** through New York State by submitting an IDR application to dispute the amount of the bill.
- To be eligible, services must have been provided by a doctor at a hospital or ambulatory surgical center that did not tell you they did not accept your insurance, or they did not provide you with a good faith estimate, or you were not provided with all other required information prior to receiving care.
- For a list of the information that should have been provided to you, see:

[Information Your Doctor and Other Health Care Professionals Must Give You](#)

[Information Your Hospital Must Give You](#)

**Application:** Complete an [IDR Patient Application](#) and send it to NYS Department of Financial Services, Consumer Assistance Unit/IDR Process, One Commerce Plaza, Albany, NY 12257.

- If you are unable to resolve a bill via the complaint or dispute processes described above, you may be able to apply for [hospital financial assistance](#) or [negotiate the amount of the bill](#) directly with the provider.