

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:

- o 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;
- o 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 <u>file a complaint</u> online.

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

- o 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
- o 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 <u>Good Faith Estimate</u> 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 <u>dispute the charges</u> in the Federal and/or NYS patient-provider dispute resolution process.
- o 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 <u>submit a complaint</u> to CMS or with NYS's Department of Financial Services.

To start a dispute under the No Surprise Act online: <u>Patient Provider Dispute Resolution</u> 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 <u>IDR Patient Application</u> 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.financial.financial.assistance or negotiate the amount of the bill.financial.assistance or negotiate the amount of t

