



Information providers must give you under the No Surprises Act

If you are going to get care from an out-of-network provider or facility and it is not an emergency, providers and health care facilities must give you a [Surprise Billing Protection Form](#) (aka **Notice and Consent Waiver.**) The form must be provided in the 15 most common languages in the geographic area.

This form must tell you:

1. You are about to receive out-of-network care;
2. Out-of-network care costs more than in-network care;
3. A [“Good Faith Estimate”](#) of what the out-of-network care will cost.

If you sign the form: you can be charged the full out-of-network rate for any out-of-network care you receive, even emergency care.

- These charges will not count toward your plan’s deductible or out-of-pocket limits.

You do not have to sign the form:

- **Do not sign this form if you didn’t have a choice of health care provider or facility before scheduling care.**
- **If you do not sign this form the provider can choose not to treat you.**

Your signature is required to give consent and you can revoke your consent at any time before you receive services.

The Notice and Consent Waiver cannot be given to you in the following cases:

- Emergency services;
 - The waiver is permitted for post-stabilization care if you are able to understand and sign the waiver.
- Unforeseen urgent medical needs arising when non-emergent care is furnished;
- Ancillary services, including items and services related to emergency medicine, anesthesiology, pathology, radiology, and neonatology;
- Items and services provided by assistant surgeons, hospitalists, and intensivists;
- Diagnostic services including radiology and lab services;
- Items and services provided by an out-of-network provider if there is not another in-network provider who can provide that service in that facility.
- If you are impaired or otherwise have limited ability to make informed decisions.