Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases you shouldn't be charged more than your plan's copayments, coinsurance and /or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "**balance billing.**" This amount is likely more than in-network costs for the same service and 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 have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is

your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This

includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

The state of Louisiana uses a standard called the prudent layperson standard to determine which cases are an emergency. All emergency care requires a payment from your insurance company whether they are in or out of network.

If your insurance carrier is denying payment for emergency room encounters, you have the right to file a complaint with the Louisiana Department of Insurance. For more information and assistance with this process please visit heept://www.ldi.la.gov/.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist or intensivist services. These providers **can't** balance bill you and may not ask you to give up your protections not to be balanced billed.

If you get other types of services at an in-network hospital or ambulatory surgical center, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You are **never** required to give up your protections from balance billing. You also are not required to get out-of-network care.

If you think you have been wrongly billed, you may contact the following:

For hospital billing, contact **833-966-4861** from 9AM to 5PM Monday through Friday. You can also contact Administration at **225-755-9765, or** visit **CMS.gov/NoSurprises.**