

## Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

### 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, such as a copayment, coinsurance, and/or a deductible. You may have other 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” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay 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 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.

### You are 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 balance billed for these post-stabilization services.

#### **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 balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

**You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.**

### When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

**If you believe you've been wrongly billed**, you may contact Summit Administration Services, Inc. at [www.summit-inc.net](http://www.summit-inc.net) or 888-690-2020.

Visit <https://www.cms.gov/nosurprises> for more information about your rights under federal law.

Visit <https://difi.az.gov/soonbdr> for more information about your rights under Arizona state laws.

Should you receive a surprise balance bill, go to <https://insurance.az.gov/soonbdr>, the following are the website instructions and what is necessary for the online submission. Form SOONBDR is attached.

Before Submitting Your Request for Arbitration Using the Online Portal:

STEP 1: Review information on the web page and confer with your health insurer to determine whether your healthcare bill qualifies as a surprise bill that is eligible for the dispute resolution process.

STEP 2: Complete Form SOONBDRR (Surprise Out-of-Network Billing Dispute Resolution Request), and print and sign the form.

STEP 3 (IMPORTANT!): Scan and save to your computer:

- The Form SOONBDRR that you completed and signed in STEP 2
- Your insurance card, front and back
- Correspondence (letters, memos, bills, etc.) between you, the provider, and the insurer relating to this bill
- Other information that will help explain this matter

STEP 4: Complete and submit our online "Consumer Complaint" form and attach all the documents that you saved to your computer in STEP 3.

**\*IMPORTANT:** The Consumer Complaint system only allows you one opportunity to attach all the documents that pertain to your request for dispute resolution. It is important that you complete STEP 2 and STEP 3 before going to the online portal so you will be able to upload all your documents as part of your request for arbitration. The Consumer Complaint system will transfer your documents to us in a secure, encrypted manner.

If you were unable to attach all related documents, do NOT submit a new request. You may contact us at [soonbdr@difi.az.gov](mailto:soonbdr@difi.az.gov) and we will provide an alternate method to obtain the documents. Please make sure to reference your dispute number.