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**YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS**  
(OMB Control Number: 0938-1401)

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 protection 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: In Georgia, you may contact the Georgia Secretary of State (<https://sos.ga.gov/>) by emailing [soscontact@sos.ga.gov](mailto:soscontact@sos.ga.gov) or by calling 404-656-2817.

Visit <https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf> for more information about your rights under Federal law.

The information contained in this disclosure provided in compliance with the "Surprise Billing Consumer Protection Act" (Ga. Code §33-20E-1) and form "Surprise Bill Exclusions" (Ga. Code § 33-20E-7). Visit <https://gov.georgia.gov/> for more information about your rights under Georgia law.

### References

Centers for Medicare & Medicaid Services. (2021). *Model disclosure notice regarding patient protections against surprise billing*. <https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf>

This disclosure document ("Your Rights and Protections Against Surprise Medical Bills") was originally written by the Centers for Medicaid and Medicare Services (December 2021) and posted on their website (<https://www.cms.gov/>). Revisions to the document have been made in compliance with relevant professional ethics codes and with respect to maintaining the integrity of this new legislation. The No Surprises Law has already seen several revisions, and it is subject to change in the future. The document on the CMS website has an expiration date of 3/31/22.

Ga. Comp. R. & Regs. r. 120-2-106-.08 (2) (Covered Person Choosing to Receive Non-Emergency Medical Services from a Non-Participating Provider).

No Surprises Act of the 2021 Consolidated Appropriations Act, Pub. L. No. 116-260, 134 Stat. 1182, Division BB, § 109.

Surprise Bill Exclusions, Ga. Code § 33-20E-7 (2020).

Surprise Billing Consumer Protection Act, Ga. Code §33-20E-1 (2020).

This disclosure document, including the Notice and Consent as well as the Good Faith Estimate, is provided in compliance with Georgia law, including the "Surprise Billing Consumer Protection Act" (Ga. Code §33-20E-1) and form "Surprise Bill Exclusions" (Ga. Code § 33-20E-7).