

SURPRISE BILLING DISCLOSURE

B-058 1219

Beginning January 1, 2020, Colorado state law protects you from “surprise billing,” also known as “balance billing.” These protections apply when:

- You receive covered emergency services, other than ambulance services, from an out-of-network provider in Colorado, and/or
- You unintentionally receive covered services from an out-of-network provider at an in-network facility in Colorado.

What is surprise/balance billing, and when does it happen?

If you are seen by a provider or use services in a facility or agency that is **not** in your health insurance plan’s provider network, sometimes referred to as “out-of-network,” you may receive a bill for additional costs associated with that care. Out-of-network facilities or agencies often bill you the difference between what your insurer decides is the eligible charge and what the out of-network provider bills as the total charge. This is called “surprise” or “balance” billing.

When you cannot be balance-billed:

Emergency services

If you are receiving emergency services, the most you can be billed is your plan’s in-network cost sharing amounts, which are copayments, deductibles, and /or coinsurance. You cannot be billed for any other amount. This includes both the facility where you receive emergency services and any providers that see you for emergency services. Please note that not every service provided in an emergency department is an emergency service.

Non-emergency services at an in-network facility by an out-of-network provider

The facility or agency must tell you if you are at an out-of-network location or at an in-network location that is using out of network providers. They must also tell you what types of services that you will be using may be provided by an out-of-network provider.

You have the right to request that in-network providers perform all covered medical services. However, you may have to receive medical services from an out-of-network provider if an in network provider is not available. In this case, the most you can be billed for **covered** services is your in-network cost-sharing amount which are copayments, deductibles, and/or coinsurance. These providers cannot balance bill you for additional costs.

Additional protections

- Your insurer will pay out-of-network providers and facilities directly.
- Your insurer must count any amount you pay for emergency services or certain out-of-network services (described above) toward your in-network deductible and out-of-pocket limit.
- Your provider, facility, hospital, or agency must refund any amount you overpay within 60 days of being notified.
- No one, including a provider, hospital, or insurer, can ask you to limit or give up these rights.

If you receive services from an out-of-network provider or facility or agency in any other situation, you may still be balance billed, or you may be responsible for the entire bill. If you intentionally receive non-emergency services from an out-of-network provider or facility, you may also be balance billed.

If you think you have received a bill for amounts other than your copayments, deductible, and/or coinsurance, please contact the FHW Payment Resolution Center at 970-858-2508.

* This law does not apply to all Colorado health plans. It applies if:

- You have a "co-doi" on your health insurance id card, and
- You are receiving care and services provided at a regulated facility in the state of Colorado.

Please contact your health insurance plan at the number on your health insurance id card or the Colorado division of insurance with questions.

In reference to House Bill HB 1174, I acknowledge that I have received notice concerning the Surprise Billing Law effective 1/1/2020. I am aware that this document will be scanned into my medical record and be kept on file.

(Patient/legal guardians' signature)

Date

(Witness)

_____ initialing here indicates that the patient or legal guardian was offered a copy of this notice but chose to decline as requested.