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## 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 cannot select 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 receive after you are in a 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 cannot balance bill you and may not seek your consent 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. An out-of-network provider must give you a notice at least 5 business days before the services are scheduled to be provided, and include a notice summarizing your balance billing rights, including forth a good faith estimate of the charges for such services, and notifying you of the provider's obligation to explain any charges that exceed the good faith estimate.*

**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 inadvance (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 servicestoward your deductible and out-of-pocket limit.

**If you believe you've been wrongly billed**, you may contact the Indiana Department of Insurance by calling (317) 232-8582. You may also visit the Indiana Department of Insurance's website (<https://www.in.gov/idoi>) for more information about Indiana's balancing billing laws.

You may visit <https://www.cms.gov/nosurprises/consumers> for more information about your rights under federal law.