

Understand your rights against surprise medical bills

The No Surprises Act protects individuals covered under health plans from receiving surprise medical bills when they:

- Receive emergency services
- Receive non-emergency services from out-of-network providers at in-network facilities
- Receive services from out-of-network air ambulance services

For individuals without insurance or who self-pay for care, in most cases, the Act ensures you get a good faith estimate of how much your care will cost before you receive it.

The Act also created resolution opportunities for uninsured and self-pay individuals when they receive medical bills greater than the good faith estimate they received from their health care facility.

What are surprise medical bills?

Prior to the No Surprises Act, if you had health insurance and received care from an out-of-network provider or out-of-network facility, your health plan may not have covered the out-of-network cost. This means you may have had to pay a copayment, coinsurance or a deductible unknowingly, leaving you with higher costs than if you received care from an in-network provider or facility.

Out-of-network providers also 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.

An unexpected balance bill is also called a surprise medical bill.

If I have health insurance, am I protected?

The No Surprises Act protects individuals with health insurance coverage and:

- Bans surprise bills for most emergency services.
- Bans out-of-network cost-sharing, such as coinsurance or copayments, for most emergency and some non-emergency services. You will not be charged more than in-network cost-sharing for these services.
- Bans out-of-network charges and balance bills for certain services, like anesthesiology or radiology, provided by out-of-network providers as part of a patient's visit to an in-network facility.
- Requires that health care providers and facilities give you an easy-to-understand notice that explains applicable billing protections, who to contact for concerns and that patient consent is required to waive billing protections.

Can I dispute my bill?

You can dispute a medical bill if your final charges are at least \$400 higher than your good faith estimate and if you file your dispute claim within 120 days of the date listed on your bill.

If you believe you've been wrongly billed, contact Marshfield Clinic Health System's Patient Financial Services Center at 1-800-782-8581, ext. 94475, or visit <https://www.cms.gov/nosurprises>

For more information or questions about your rights and protections:

- Call the Wisconsin Office of the Commissioner of Insurance at 800-236-8517
- Call the No Surprises Help Desk at 1-800-985-3059



**Marshfield Clinic
Health System**