



Your Rights and Protection Against Surprise Medical Bills

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 must 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 allowed 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. Examples are 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.

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

- You are only responsible for paying your share of the cost, such as 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.
- You're never required to give up your protections from balance billing. You also don't have to get care out-of-network. You can choose a provider or facility in your plan's network.

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. This includes copayments, deductibles, and coinsurance. You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition. The exception is if you give written consent and give up your protections not to be balance billed for these post-stabilization services.

- **Certain services performed by an out-of-network provider at an in-network hospital or ambulatory surgical center**

When you get services from certain out-of-network providers at an in-network hospital or ambulatory surgical center, those out-of-network providers may not balance bill you or ask you to sign a written notice and consent form that allows balance billing. You pay only your plan's in-network cost-sharing amount. This applies to anesthesia, assistant surgeon, emergency medicine, hospitalist, intensivist service, laboratory, neonatology, pathology, or radiology.

If you get other services from any other out-of-network providers at in an in-network hospital or ambulatory surgical center, these out-of-network providers can't balance bill you, unless you sign a written notice and consent form that allows balance billing and are provided with a good faith estimate of your costs from the hospital or ambulatory surgical center before services are given. If you sign the notice and consent form, you can be balance billed for out-of-network services. You are not required to sign the notice and consent form. You may seek care from an available in-network provider.

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.
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If you believe you've been wrongly billed, you may contact Southview Medical Group Business Office directly at 205-939-4500 to discuss issues with your bill or by mail to 833 St. Vincent's Drive, Suite 300 Birmingham, AL 35205.

If you feel that your situation wasn't handled in an appropriate manner or timeframe after discussing with our office then you can contact <https://www.cms.gov/nosurprises/consumers> for your federal rights.