Surprise Billing Protections Form

This document describes your protections against unexpected health bills.

Your insurance plan may require prior authorization (or other limitations) for certain items and services. This means you may need your plan's approval before you start services.

Whether you are uninsured, self-pay, see an in-network or out-of-network mental health provider/facility, you are responsible to pay the costs for services. 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 willingly agree to receive services from an out-of-network provider/facility, the out-of-network provider may be permitted to bill you for the difference between what your insurance 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 and might not count toward your annual deductible.

Sometimes, you can't control who is involved in your care—such as emergency treatment or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. We are unable to predict unexpected costs (**Surprise billing**) for emergency services, hospitalization, or ambulatory surgical center.

Out-of-Network Consumer Rights & Responsibilities:

- (For self-pay or uninsured)You have a right to a good faith estimate for the cost of services.
- You are responsible for paying the cost of services provided.
- You can choose to accept care from an out-of-network provider/facility with written consent- by signing an ***Out-of-Network Waiver form***.
  A signed waiver indicates that you understand that you are responsible for paying your share of costs. Costs may include the balance bill amount, copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network.
- You don't have to accept care from an out-of-network provider, and instead you can choose an in-network provider or facility.
- Your insurance plan generally must pay out-of-network providers and facilities directly. The health plan is prohibited from assigning higher deductibles (and other cost sharing) for out-of-network care than they do for in-network care without your consent.

Balance Billing Protections for out-of-network Emergency Services, Certain in-network hospital or Ambulatory Surgical Center:

- You are responsible for paying for your share of the cost (such as co-payments and coinsurance). You can't be surprise billed for emergency or post-stabilization services unless notice and consent requirements are met.

For more information about your rights under federal law, visit the Centers for Medicare and Medicaid Services website at **http://www.cms.gov/nosurprises**
For the full Vermont Statute for Balance Billing, visit **https://legislature.vermont.gov/statutes/fullchapter/33/065**
If you believe you've been wrongly billed, you may contact The HHS No Surprises Helpdesk, **1-800-985-3059** or **www.cms.gov/nosurprises/consumers**.

You can request an electronic or paper copy of this form. It is also available for review on our website.