SOUTHERN PINES
ORTHOPAEDIC SURGERY
CENTER

FEDERAL NO SURPRISES ACT
PATIENT NOTICE

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are 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"?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, or 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" providers or facilities may be allowed to bill you for the difference between what your plan agreed to pay and the full amount charged. This is called **balance billing**. It is likely more than in-network costs and might not count toward your annual out-of-pocket limit. **Surprise billing** is an unexpected balance bill — it can happen when you can't control who is involved in your care.

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 they can bill you is your plan's in-network cost-sharing amount. You can't be balance billed for these services, including services you may get after you're in stable condition, unless you give written consent and give up your protections.

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 they can bill you is your plan's in-network cost-sharing amount.

This applies to **emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, and intensivist services**. These providers can't balance bill you and may not ask you to give up your protections not 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. **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 these protections:

- You are only responsible for paying your share of the cost (the copayments, coinsurance, and deductibles you would pay if the provider or facility were in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must cover emergency services without requiring approval in advance (prior authorization), including emergency services from out-of-network providers.
- Your plan must 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.
- Your plan must count any amount you pay for emergency or out-of-network services toward your deductible and out-of-pocket limit.

North Carolina law

In addition to federal protections, North Carolina law generally prevents your insurer from applying out-of-network benefit levels when an in-network provider was not reasonably available to you. Some self-funded employer plans are not subject to state law, but federal protections still apply.

If you have Medicare or Medicaid

Separate federal rules already limit what you can be billed for covered services. Ask our staff if you have questions about your coverage.

If you believe you've been wrongly billed

Federal No Surprises Help Desk
1-800-985-3059
www.cms.gov/nosurprises

NC Department of Insurance
Consumer Services Division
1-855-408-1212
www.ncdoi.gov

Southern Pines Orthopaedic Surgery Center
Billing questions
910-725-6740
sposc.com