

Notice of Patient Rights and Protections

Against Surprise Medical Bills

Beginning January 1, 2022, healthcare facilities must provide a good faith estimate of expected changes to **uninsured consumers**, or to insured **consumers if the patient does not plan to have their health plan help cover the costs (self paying individuals)**. The good-faith estimate must be provided after a patient has scheduled an examination or procedure upon their request. It should include expected changes for the primary service they are getting, and any other items or services that are provided as part of the same scheduled experience.

“Surprise billing” is an unexpected balance bill. “Out of network” describes a facility that has not signed a contract with your health plan. If you have an **emergency medical condition and get emergency services**, the most the facility may bill to you is the in-network cost-sharing amount.

As the patient, you have the following protections:

You are responsible for paying your share of the cost (like copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network).