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 balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance, and/or deductible.

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, like a copayment, coinsurance, or deductible. You may have additional 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” means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays 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 plan's deductible or 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 — like 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.

You're 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 (such as copayments, coinsurance, and deductibles). You can't be balance billed for these emergency 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 those providers can bill you is your plan's in-network cost-sharing amount. If you get other types of 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 out-of-network care. You can choose a provider or facility in your plan's network.

Your protections under Massachusetts law

Massachusetts law (M.G.L. c. 111, §228) provides additional protections for non-emergency services. Health care providers must tell you in advance if they are out-of-network for your health plan, and must notify you if you are referred to an out-of-network provider. For covered non-emergency services where you did not have a reasonable opportunity to choose an in-network provider, you cannot be billed more than your plan's in-network cost-sharing amount.

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

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must cover emergency services without requiring prior approval, and must base what you owe on in-network rates.

If you think you've been wrongly billed, you can contact:

Max Mobility Prosthetics & Orthotics
21 Mohawk Trail, Unit 18, Greenfield, MA 01301
Phone: (978) 629-7679
Email: max@maxmobilitypo.com

Federal: 1-800-985-3059, or visit www.cms.gov/nosurprises/consumers

Massachusetts: Attorney General's Health Care Division, 1-888-830-6277, or visit www.mass.gov/ago/healthcare