

{ADD PATIENT LABEL HERE}

Surprise Billing – Know Your Rights

What is surprise billing?

If you are seen by a provider or use services in a facility or agency that is not in your health insurance plan's provider network, referred to as "out-of-network," you may receive a bill for additional costs associated with that care. Out-of-network facilities or agencies often bill you the difference between what your insurer decides is the eligible charge and what the out-of-network provider bills as the total charge. Under Colorado law this is defined as balanced billing and is commonly called surprise billing.

On Jan. 1, 2020, a new state law went into effect to protect you from surprise billing. These protections apply when:

- You receive covered emergency services, other than ambulance services, from an out-of-network provider in Colorado.
- You unintentionally receive covered services from an out-of-network provider at an in-network facility in Colorado.

This law only applies if you have a "CO-DOI" on your health insurance ID card and you are receiving care and services provided at a regulated facility in Colorado.

When you cannot be surprise billed:

Emergency Services

If you are receiving emergency services, you can only be billed for your plan's in-network cost-sharing amounts, which are copayments, deductibles, and/or coinsurance. You cannot be billed for anything else. This applies only to services related to and billed as an "emergency service."

Non-Emergency Services at an In-Network Facility by an Out-of-Network Provider

Facility or agency staff must tell you if you are at an out-of-network location or if they are using out-of-network providers, when known. Staff must also tell you what types of services you will be using that might be provided by an out-of-network provider.

Example CO Disclosure Form
{On Facility letterhead}

You have the right to request that in-network providers perform all covered medical services. However, you may have to receive medical services from an out-of-network provider if an in-network provider is unavailable. If your insurer covers the service, you can only be billed for your in-network cost-sharing amount, which are copayments, deductibles, and/or coinsurance.

Additional Protections

- Your insurer will pay out-of-network providers and facilities directly.
- Your insurer must count any amount you pay for emergency services or certain out-of-network services toward your in-network deductible and out-of-pocket limit.
- The provider, facility, hospital, or agency must refund any amount you overpay within 60 days of being notified.
- No one, including a provider, hospital, or insurer, can ask you to limit or give up these rights.

If you receive services from an out-of-network provider or facility or agency in any other situation, you may still be surprise billed, or you may be responsible for the entire bill. If you intentionally receive non-emergency services from an out-of-network provider or facility, you may also be surprise billed.

If you think you have received a bill for amounts other than your copayments, deductible, and/or coinsurance, please contact the facility's or agency's billing department or the Colorado Division of Insurance at 303-894-7499 or 1-800-930-3745.

Patient Signature _____ DATE _____

My signature acknowledges receiving this notice and does not waive my rights under the law.