

Surprise Bill Notice

The “Emergency Medical Services and Surprise Bill Law”, is a bill that is aimed to prevent you from receiving medical bills that you were not aware of. These types of bills are also called “surprise medical bills”. This law went into effect on April 1, 2015. Under this law, providers must tell you if they accept your health plan. They must also provide you with any cost estimates for your care at your request.

- **The “Surprise Medical Bill”**

A “surprise medical bill” can happen in different ways:

1. You receive services at a hospital or ambulatory surgery center that does accept your health plan, but a provider that also accepts your health plan was not available. The provider that did care for you did not accept your health plan. OR
2. You receive services from a provider that does not accept your health plan and you were not told about that before the service. OR
3. Due to unforeseen medical circumstances that happen at the time you receive the services you did not get to choose to receive such services from a provider who did not participate with your health plan; OR
2. A provider who accepts your health plan refers you to a provider who does not accept your health plan and did not inform you of this. The provider also did not obtain your consent that you knew the services would be out-of-network and would result in costs not covered by your health plan.

- **Patients’ Rights**

You have the right to know if the provider taking care of you for non- emergency medical services accepts your health plan. You also have the right to request an estimate of the costs for that care. For emergency medical services, you will continue to be responsible for your usual in- network copay’s, coinsurance, and deductibles regardless of whether your provider accepts your health plan or not.

- **Information Disclosure and Consent**

Metro Healthcare Partners will provide you with the health plans that your provider(s) accepts. If you decide to be treated by a provider who does not accept your health plan, you will be asked to sign a consent form agreeing that you accept treatment from that provider.

- **Surprise Bill Received**

If you do receive a surprise bill, you will be able to submit the bill to your health plan requesting it to be processed as if your provider participated with your health plan. Be sure to ask your provider about this.

New York State Out-of-Network Surprise Medical Bill Assignment of Benefits Form

Use this form if you receive a surprise bill for health care services and want the services to be treated as in-network. To use this form, you must: (1) fill it out and sign it; (2) send a copy to your health care provider (include a copy of the bill or bills); and (3) send a copy to your insurer (include a copy of the bill or bills). If you don't know if it is a surprise bill, contact the Department of Financial Services at 1-800-342-3736.

A surprise bill is when:

1. You received services from a non-participating physician at a participating hospital or ambulatory surgical center, where a participating physician was not available; or a non-participating physician provided services without your knowledge; or unforeseen medical circumstances arose at the time the services were provided. You did not choose to receive services from a non-participating physician instead of from an available participating physician; OR
2. You were referred by a participating physician to a non-participating provider, but you did not sign a written consent that you knew the services would be out-of-network and would result in costs not covered by your insurer. A referral occurs: (1) during a visit with your participating physician, a non-participating provider treats you; or (2) your participating physician takes a specimen from you in the office and sends it to a non-participating laboratory or pathologist; or (3) for any other health care services when referrals are required under your plan.

I assign my rights to payment to my provider and I certify to the best of my knowledge that:

I (or my dependent) received a surprise bill from a health care provider. I want the provider to seek payment for this bill from my insurance company (this is an "assignment"). I want my health insurer to pay the provider for any health care services I or my dependent received that are covered under my health insurance. With my assignment, the provider cannot seek payment from me, except for any copayment, coinsurance or deductible that would be owed if I or my dependent used a participating provider. If my insurer paid me for the services, I agree to send the payment to the provider.

Patient Name: _____
Patient Address: _____
Insurer Name: _____
Patient Insurance ID No.: _____
Provider Name: _____ **Provider Telephone Number:** _____
Provider Address: _____

Date of Service: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

(Signature of patient) (Date of signature)