

Patient Notice

Your Rights and Protections Against Surprise Medical Bills

Federal and state laws protect patients from certain unexpected out-of-network bills. These protections apply only in specific services and settings. You may still owe your plan's in-network copayment, coinsurance, or deductible.

What is balance billing

An out-of-network provider may sometimes bill you for the difference between the provider's charge and the amount your health plan pays. This is called balance billing. An unexpected balance bill is often called a surprise bill.

When federal protections apply

Emergency services: Most group and individual health plans must cover emergency services from out-of-network providers at in-network cost-sharing levels. You cannot be balance billed for covered emergency services, and prior authorization is not required.

Certain services at an in-network hospital or ambulatory surgical center: For certain services—including emergency medicine, anesthesia, pathology, radiology, and laboratory services—you generally cannot be charged more than in-network cost sharing. For some other out-of-network services at these facilities, a provider may ask you to waive protections only after giving required notice and receiving your written consent. You are never required to waive your protections or choose an out-of-network provider.

These federal facility-based protections apply only in specified settings and circumstances. They do not guarantee that every out-of-network appointment is covered at the in-network rate. Routine counseling in an independent office is generally outside these facility-based protections. Contact your health plan to confirm network status, benefits, and expected costs.

Additional state protections

Ohio law also limits surprise bills for emergency care and certain unanticipated out-of-network care. Michigan law protects patients from certain surprise bills for emergency services and some non-emergency services at participating facilities when the patient could not choose an in-network provider. State protections depend on the plan and circumstances.

Good Faith Estimates for uninsured or self-pay patients

If you do not have insurance or choose not to use it, you can request a written Good Faith Estimate of expected charges. In most cases, you are entitled to one if you ask or schedule care at least 3 business days ahead. Estimates are generally due within 1 business day for care scheduled 3–9 business days ahead, or within 3 business days when scheduled 10 or more business days ahead. If your bill from a provider is \$400 or more above that provider's estimate, you may be eligible to dispute it. Keep your estimate and ask REFLECTIONS Integrative Counseling PLLC how to request one.

Questions or concerns about a bill

Federal No Surprises Help Desk | 1-800-985-3059 | [CMS.gov/NoSurprises](https://www.cms.gov/NoSurprises)

Ohio Department of Insurance | 1-800-686-1526 | insurance.ohio.gov

Michigan Department of Insurance and Financial Services | Michigan.gov/DIFS