

Eastern Plains Medical Clinic of Calhan

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No Surprises Act

What is balance billing or surprise billing?

When you see a doctor, health care provider and/or visit a healthcare facility, you may owe certain out-of-pocket costs such as co-payment, co-insurance and/or deductible. You may also have other costs or be responsible for the entire bill if you see a provider or visit a healthcare facility that is not in your health insurance network. It is important that you contact your health insurance to understand whether your services are in-network or out-of-network.

If you have health insurance and get care from an out-of-network provider or at an out-of-network facility, your health plan may not cover the entire out-of-network cost. "Out-of-network" describes providers and facilities that have do not have a signed contract with your health insurance plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing".

What are the new protections if I have health insurance?

If you have health coverage through your employer, the Health Insurance Marketplace®, or an individual health insurance plan you purchase directly from an insurance company, these new rules will:

- For Emergency Care: Limit the amount billed to your plan's in-network cost-sharing amount (such as co-payments and co-insurance) for certain services, i.e., emergency services and those services used to stabilize you. You may not be balance billed for these emergency services, even if you get them at an out-of-network facility or by an out-of-network provider, and without approval beforehand (prior authorization).
- Limit your bill to your plan's in-network cost-sharing amount (such as co-payments and co-insurance) for some non-emergency services that are provided to stabilize you after an emergency visit.
- Planned/Scheduled Visits: In non-emergency situations, if you are out-of-network with the clinic, you will be informed that the clinic is not in your insurance network before your service is scheduled.
- Require that health care providers and facilities give you an easy-to-understand notice explaining that getting care out-of-network could be more expensive and options available to you to avoid balance bills. You're not required to sign this notice or get care out-of-network. You may choose a provider or medical facility in your plan's network.

What if I don't have health insurance or choose to pay for care on my own without using my health insurance?

If you don't have insurance or you choose to pay for care without using your insurance (also known as "self-paying" for care), these new rules make sure you can get a "good faith estimate" of how much your care will cost, before you get care.

For more information about these policies and consumer protections, see [CMS.gov](https://www.cms.gov)