

## **Notice of Patient Protections Under the No Surprises Act, 45 CFR §§ 149.410 and 149.420**

The No Surprises Act went into effect on January 1, 2022. The act has protections for patients who have insurance, addressed below in Section 1, and for patients who do not have or are not using insurance, addressed below in Section 2. The act does not apply to Medicare, Medicare Advantage, Medicaid (including PASSE), TRICARE or Indian Health plans.

**SECTION 1.** For patients who get health coverage through their employer (including a federal, state, or local government), through the Health Insurance Marketplace, or directly through an individual health plan:

- Surprise billing for emergency services is prohibited. Emergency services, even if they're provided out-of-network, must be covered at in-network rates without requiring prior authorization.
- "Balance billing" is when a patient is billed for the difference between what your plan allows and the full amount charged for a service. The No Surprises Act prohibits "balance billing" and increased out-of-network patient responsibility (such as co-insurance or copayments that are higher for out-of-network services compared to in-network services) for emergency and certain non-emergency services.
- The No Surprises Act does not prohibit appropriately collecting out-of-pocket patient responsibility, like a copayment, co-insurance or deductible. These amounts are determined by your health plan.
- Out-of-network charges and "balance billing" for ancillary care (like an anesthesiologist or assistant surgeon) by out-of-network providers at an in-network facility are prohibited.
- For more information on the protections related to "balance billing" and surprise billing, request a copy of the "Your Rights and Protections Against Surprise Medical Bills" notice.

**SECTION 2.** For patients who don't have insurance or are not using insurance:

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs associated with your treatment.
- Make sure you are provided a Good Faith Estimate in writing at least one business day before your appointment. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule your appointment.
- Make sure to keep a copy of your Good Faith Estimate for your records. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- For more information on the protections related to a Good Faith Estimate, request a copy of the "Your Right to a Good Faith Estimate" notice.

You're never required to give up your protections from balance billing nor are you required to receive services from an out-of-network provider. You can choose a provider or facility in your plan's network by contacting your health plan for a list of in-network providers.

For additional information or to report a suspected violation, call the US Department of Health and Human Services at 1.800.985.3059.

For questions about your Good Faith Estimate, contact a CARTI financial counselor at 501.537.8641 or inform the front desk that you'd like to speak with a financial counselor in person.

