LEGAL

Your Rights Against Surprise Medical Bills

When you get emergency care, or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing — also called balance billing — under federal law (the No Surprises Act) and, where applicable, California law.

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What Is "Balance Billing"?

When you see a physician or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance or deductible. You may owe additional costs, or the full cost of a service, if you see a provider or visit a facility that is not in your health plan's network.

"Out-of-network" means providers and facilities that have not signed a contract with your health 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." This amount is likely more than in-network costs for the same service, and might not count toward your plan's annual out-of-pocket limit.

You Are Protected From Balance Billing For

Emergency Services

If you have an emergency medical condition and receive emergency services from an out-of-network provider or facility, the most that provider or facility may bill you is your plan's in-network cost-sharing amount, such as copayments and coinsurance. You cannot be balance billed for these emergency services, including services you may receive after you are in stable condition, unless you give written consent and give up your protections not to be balance billed for those post-stabilization services.

Certain Services at an In-Network Facility

When you receive services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to services such as anaesthesiology, pathology, radiology and laboratory services, and applies to certain other providers if you did not have the ability to choose an in-network provider.

When balance billing is not allowed, you also have the following protections:

- You are only responsible for paying your share of the cost — the copayments, coinsurance and deductibles that you would pay if the provider or facility were in-network. Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must count any amount you pay for emergency services, or for certain out-of-network services at an in-network facility, toward your in-network deductible and out-of-pocket limit.
- You should never be asked to give up your protections from balance billing.

Your Right to a Good Faith Estimate

If you don't have insurance, or you are not planning to submit a claim to your insurance for a service, you have a right to receive a "Good Faith Estimate" explaining how much your care will cost.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services, including related costs such as medical tests, prescription drugs, equipment and facility fees, before you schedule an item or service.
- You can ask us, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you schedule an item or service at least 3 business days in advance, we must give you a Good Faith Estimate in writing within 1 business day after scheduling. If you schedule at least 10 business days in advance, you must receive the estimate within 3 business days of scheduling.
- If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill through the federal patient–provider dispute resolution process.
- Be sure to save a copy or a photograph of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, or how to submit a dispute, visit www.cms.gov/nosurprises, or call California Vision and Visage to request an estimate before your visit — City of Industry (626) 810-0689 or San Gabriel (626) 656-6550.

If You Believe You've Been Wrongly Billed

If you believe you have been wrongly billed, you may contact any of the following:

- **No Surprises Help Desk (federal, CMS):** 1-800-985-3059 · www.cms.gov/nosurprises
- **California Department of Managed Health Care** (most HMO and managed care plans): 1-888-466-2219 · www.dmhc.ca.gov
- **California Department of Insurance** (PPO and insurance-regulated plans): 1-800-927-4357 · www.insurance.ca.gov

Contact Us

- **City of Industry office:** 18575 Gale Avenue, Suite 168, City of Industry, CA 91748 · (626) 810-0689
- **San Gabriel office:** 7232 Rosemead Blvd, Suite 202, San Gabriel, CA 91775 · (626) 656-6550
- **Email:** info@calvv.com