

English version – see below

[En Español](#)

[State law summary](#)

Your Rights and Protections 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 balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain [out-of-pocket costs](#), like a [copayment](#), [coinsurance](#), or [deductible](#). You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network. “Out-of-network” means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays 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 deductible or annual out-of-pocket limit. “Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

In addition to the protections of the Federal No Surprises Act, the state in which you receive services may have protections that apply to your visit for emergency or non-emergency services. Additional information is available from your state government. (visit https://www.trinity-health.org/assets/documents/billing/disclosure_notice_regarding_patient_protections_against_surprise_billing.pdf for more information). The Federal protections exceed state protections in almost every state.

The following states limit the amount an out-of-network provider and out-of-network facility can bill you for emergency services: CA, CT, FL, GA, IA, MD, MI, NJ, NY, OH, PA. The amount is limited to your in-network cost sharing amount. The following states limit the amount an out-of-network provider can bill you for emergency services to your in-network cost sharing amount: DE, IN, IL, MA, OR. OH also provides protections relating to lab services. Several states have dispute resolution processes (CA, FL, GA, IL, NJ, NY, MI) and several states establish the amounts providers may be paid (CA, CT, DE, FL, GA, MD, MI, OR).



Certain services at an in-network hospital or ambulatory surgical center

When you get 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 can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed. If you get other types of services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

In addition to the protections of the Federal No Surprises Act, the state in which you receive services may have protections that apply to non-emergency services at an in-network facility. Additional information is available on your state's website (visit https://www.trinity-health.org/assets/documents/billing/disclosure_notice_regarding_patient_protections_against_surprise_billing.pdf for more information).

When balance billing isn't allowed, you also have the following protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
 - Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed, contact your state (visit https://www.trinity-health.org/assets/documents/billing/disclosure_notice_regarding_patient_protections_against_surprise_billing.pdf for more information) or the Centers for Medicare and Medicaid Services at 1-800-985-3059. Your state website can be found at [www.\[enter your state name\].gov](http://www.[enter your state name].gov) and by searching "no surprises, balance billing or consumer protections". Visit <https://www.cms.gov/nosurprises> for more information about your rights under federal law.



Addendum – State Contacts & Consumer Protection Information

State	Department of Attorney General	Surprise Billing or Department of Insurance	State Balance Billing Website
CA	https://oag.ca.gov/contact/consumer-complaint-against-business-or-company	www.HealthHelp.ca.gov 1-888-466-221	https://dmhc.ca.gov/portals/0/healthcareincalifornia/factsheets/fsab72.pdf
CT	https://portal.ct.gov/CID/Consumer-Affairs/File-a-Complaint-or-Ask-a-Question	Consumer Helpline: (800) 203-3447 or (860) 297-3900	https://portal.ct.gov/AG/Common/Complaint-Form-Landing-page
DE	https://insurance.delaware.gov/	https://legis.delaware.gov/SessionLaws/Chapter?id=19067#:~:text=%22(11)%20Balance%20billing,will%20pay%20for%20the%20service.%22&text=Arbitration%20of%20disputes%20involving%20health%20insurance%20coverage	https://attorneygeneral.delaware.gov/fraud/cmu/complaint/
FL	http://www.myfloridalegal.com/pages.nsf/Main/E3EB45228E9229DD85257B05006E32EC 1-877-693-5236 OutofState: 850-413-3089 Consumer.Services@myfloridacfo.com	https://floir.com/Sections/LandH/AccidentHealth/EducationalMaterials.aspx	Consumer.Services@myfloridacfo.com
GA	https://consumer.georgia.gov/resolve-your-dispute/how-do-i-file-complaint/consumer-complaint-form#no-back (404) 651-8600 or (800) 869-1123 toll free outside Metro Atlanta	https://oci.georgia.gov/file-consumer-insurance-complaint	https://oci.georgia.gov/news/2020-12-30/office-commissioner-insurance-and-safety-fire-posts-final-surprise-billing
IA	https://www.iowaattorneygeneral.gov/for-consumers/file-a-consumer-complaint	https://iid.iowa.gov/insurance-consumer-complaint	https://www.iowaattorneygeneral.gov/for-consumers/file-a-consumer-complaint/complaint-form
ID	https://www.ag.idaho.gov/consumer-protection/consumer-complaints/	https://doi.idaho.gov/consumers/file-a-complaint/	Law has not yet passed

State	Department of Attorney General	Surprise Billing or Department of Insurance	State Balance Billing Website
IL	Health Care Bureau Complaint Form (illinoisattorneygeneral.gov)	https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=096-1523 1-877-305-5145	Understanding the Insurance Complaint Process (illinois.gov)
IN	https://www.in.gov/attorneygeneral/consumer-protection-division/file-a-complaint/	https://www.in.gov/idoi/consumer-services/complaints/	https://legiscan.com/IN/bill/HB1004/2020
MD	https://www.marylandattorneygeneral.gov/pages/cpd/complaint.aspx	https://insurance.maryland.gov/Consumer/Pages/FileAComplaint1.aspx	https://insurance.maryland.gov/Consumer/Documents/publications/AssignmentofBenefitsFAQ.pdf
MA	https://www.mass.gov/how-to/file-a-consumer-complaint	https://www.mass.gov/how-to/filing-an-insurance-complaint	https://www.mass.gov/doc/out-of-network-billing-in-massachusetts-chartpack/download
MI	https://www.michigan.gov/documents/ag/Consumer_Complaint_Form_-_paper_642450_7.pdf	833-ASK-DIFS (833-275-3437)	https://www.michigan.gov/difs/0,5269,7-303--560598--,00.html
NJ	https://www.njoag.gov/contact/file-a-complaint/	https://www.nj.gov/dobi/division_consumers/insurance/outof_network.html	https://www.nj.gov/dobi/division_insurance/oonarbitration/data/20131report.html
NY	https://ag.ny.gov/consumer-frauds/Filing-a-Consumer-Complaint	https://www.dfs.ny.gov/complaint	https://www.dfs.ny.gov/consumers/health_insurance/surprise_medical_bills
OH	https://www.ohioattorneygeneral.gov/Individuals-and-Families/Consumers/File-a-Complaint	surprisebilling@insurance.ohio.gov	https://insurance.ohio.gov/wps/portal/gov/odi/consumers/health/surprise-billing
OR	https://www.doj.state.or.us/wp-content/uploads/2017/08/consumer_complaint.pdf	https://dfr.oregon.gov/help/complaints-licenses/Pages/file-complaint.aspx 888-877-4894 (toll-free).	https://dfr.oregon.gov/news/2018/Pages/20180301-balance-billing.aspx
PA	https://www.attorneygeneral.gov/submit-a-complaint/health-care-complaint/	https://www.insurance.pa.gov/Consumers/insurance-complaint/Pages/default.aspx	https://www.insurance.pa.gov/Documents/Balance%20Billing/Kevin%20Lucia.pdf

Sus derechos y protecciones contra las facturas médicas sorpresas

Cuando recibe atención de emergencia o lo atiende un proveedor fuera de la red en un hospital o centro quirúrgico ambulatorio de la red, está protegido contra la facturación del saldo. En estos casos, no se le debe cobrar más que los copagos, el coseguro y/o el deducible de su plan.

¿Qué es la "facturación del saldo" (algunas veces se la llama "facturación sorpresa")?

Cuando ve a un médico o a otro proveedor de atención médica, puede que tenga que pagar ciertos [costos de bolsillo](#), como un [copago](#), [coseguro](#) o [deducible](#). Es posible que tenga gastos adicionales o tenga que pagar la factura completa si ve a un proveedor o visita un centro de atención médica que no está en la red de su plan de salud. "Fuera de la red" significa proveedores y centros que no firmaron un contrato con su plan de salud para prestar servicios. Los proveedores fuera de la red pueden facturarle la diferencia entre lo que paga su plan y la cantidad total cobrada por un servicio. Esto se llama **"facturación del saldo"**. Es posible que esta cantidad sea mayor que los costos dentro de la red por el mismo servicio y que no cuente para el deducible o el límite anual de bolsillo de su plan. La "facturación sorpresa" es una facturación del saldo inesperada. Esto puede suceder cuando no puede controlar quién participa en su atención, como cuando tiene una emergencia o programa una visita en un centro dentro de la red, pero lo atiende un proveedor fuera de la red de forma inesperada. Las facturas médicas sorpresas pueden costar miles de dólares, según el procedimiento o servicio.

Usted está protegido de la facturación del saldo para:

Servicios de emergencia

Si tiene una condición médica de emergencia y recibe servicios de emergencia de un proveedor o centro fuera de la red, lo máximo que pueden facturarle es la cantidad de costo compartido dentro de la red de su plan (como copagos, coseguro y deducibles). **No** pueden facturarle el saldo por estos servicios de emergencia. Esto incluye los servicios que puede recibir después de estar en una condición estable, a menos que dé su consentimiento por escrito y renuncie a sus protecciones para que no se le facture el saldo por estos servicios posteriores a la estabilización.

Además de las protecciones de la Ley Federal Sin Facturas Sorpresas, el estado en el que recibe los servicios puede tener protecciones que se aplican a su visita para servicios de emergencia o que no son de emergencia. El gobierno estatal tiene disponible información adicional. (visite https://www.trinity-health.org/assets/documents/billing/disclosure_notice_regarding_patient_protections_against_surprise_billing.pdf para obtener más información). Las protecciones federales exceden las protecciones estatales en casi todos los estados.

Los siguientes estados limitan la cantidad que un proveedor y un centro fuera de la red pueden facturarle por los servicios de emergencia: CA, CT, FL, GA, IA, MD, MI, NJ, NY, OH, PA. La cantidad se limita a su cantidad de costo compartido dentro de la red. Los siguientes estados limitan la cantidad que un proveedor fuera de la red puede facturarle por los servicios de emergencia según su cantidad de costo compartido dentro de la red: DE, IN, IL, MA, OR. OH también le da protecciones respecto a los servicios de laboratorio. Varios estados tienen procesos de resolución de disputas (CA, FL, GA, IL, NJ, NY, MI) y establecen las cantidades que se pueden pagar a los proveedores (CA, CT, DE, FL, GA, MD, MI, OR).



Algunos servicios en un hospital o centro quirúrgico ambulatorio dentro de la red.

Cuando recibe servicios de un hospital o centro quirúrgico ambulatorio dentro de la red, es posible que algunos proveedores estén fuera de la red. En estos casos, lo máximo que esos proveedores pueden facturarle es la cantidad de costo compartido dentro de la red de su plan. Esto se aplica a los servicios de medicina de emergencia, anestesia, patología, radiología, laboratorio, neonatología, cirujano asistente, hospitalista o intensivista. Estos proveedores **no** pueden facturarle el saldo **ni** pedirle que renuncie a sus protecciones para que no se le facture el saldo. Si recibe otros tipos de servicios en estos centros dentro de la red, los proveedores fuera de la red **no** pueden facturarle el saldo, a menos que dé su consentimiento por escrito y renuncie a sus protecciones.

Nunca debe renunciar a sus protecciones frente a la facturación del saldo ni debe recibir atención fuera de la red. Puede elegir un proveedor o centro dentro de la red de su plan.

Además de las protecciones de la Ley Federal Sin Facturas Sorpresas, el estado en el que recibe los servicios puede tener protecciones que se aplican a los servicios que no son de emergencia en un centro dentro de la red. Hay información adicional en el sitio web de su estado (visite https://www.trinity-health.org/assets/documents/billing/disclosure_notice_regarding_patient_protections_against_surprise_billing.pdf para obtener más información).

Cuando no se permite la facturación del saldo, también tiene las siguientes protecciones:

- Usted solo es responsable de pagar su parte del costo (como los copagos, el coseguro y el deducible que pagaría si el proveedor o el centro están dentro de la red). Su plan de salud pagará directamente los costos adicionales a los proveedores y centros fuera de la red.
- En general, su plan de salud debe:
 - Cubrir los servicios de emergencia sin tener que obtener una aprobación por adelantado para prestar los servicios (también conocida como “autorización previa”).
 - Cubrir los servicios de emergencia de proveedores fuera de la red.
 - Basar lo que usted le debe al proveedor o centro (costo compartido) en lo que le pagaría a un proveedor o centro dentro de la red y mostrar esa cantidad en su explicación de beneficios.
 - Contar cualquier cantidad que pague por los servicios de emergencia o fuera de la red para su deducible dentro de la red y el límite de bolsillo.

Si cree que se le facturó erróneamente, comuníquese con su estado (visite https://www.trinity-health.org/assets/documents/billing/disclosure_notice_regarding_patient_protections_against_surprise_billing.pdf para obtener más información) o con los Centros de Servicios de Medicare y Medicaid al 1-800-985-3059. Puede encontrar el sitio web de su estado en [www.\[ingrese el nombre de su estado\].gov](http://www.[ingrese el nombre de su estado].gov) y busque “sin sorpresas, facturación del saldo o protecciones del consumidor”. Visite <https://www.cms.gov/nosurprises> para obtener más información sobre sus derechos conforme a la ley federal.



Anexo: información sobre contactos del estado y protección al consumidor

Estado	Departamento del Fiscal General	Facturación sorpresa o Departamento de Seguros	Sitio web del estado sobre la facturación del saldo
CA	https://oag.ca.gov/contact/consumer-complaint-against-business-or-company	www.HealthHelp.ca.gov 1-888-466-221	https://dmhc.ca.gov/portals/0/healthcareincalifornia/factsheets/fab72.pdf
CT	https://portal.ct.gov/CID/Consumer-Affairs/File-a-Complaint-or-Ask-a-Question	Línea de ayuda al consumidor: (800) 203-3447 o (860) 297-3900	https://portal.ct.gov/AG/Commission/Complaint-Form-Landing-page
DE	https://insurance.delaware.gov/	https://legis.delaware.gov/SessionLaws/Chapter?id=19067#:~:text=%22(11)%20Balance%20billing,will%20pay%20for%20the%20service.%22&text=Arbitration%20of%20disputes%20involving%20health%20insurance%20coverage	https://attorneygeneral.delaware.gov/fraud/cmu/complaint/
FL	http://www.myfloridalegal.com/pages.nsf/Main/E3EB45228E9229DD85257B05006E32EC 1-877-693-5236 Fuera del estado: 850-413-3089 Consumer.Services@myfloridacfo.com	https://floir.com/Sections/LandH/AccidentHealth/EducationalMaterials.aspx	Consumer.Services@myfloridacfo.com
GA	https://consumer.georgia.gov/resolve-your-dispute/how-do-i-file-complaint/consumer-complaint-form#no-back (404) 651-8600 o (800) 869-1123 número gratuito fuera de Metro Atlanta	https://oci.georgia.gov/file-consumer-insurance-complaint	https://oci.georgia.gov/news/2020-12-30/office-commissioner-insurance-and-safety-fire-posts-final-surprise-billing
IA	https://www.iowaattorneygeneral.gov/for-consumers/file-a-consumer-complaint	https://iid.iowa.gov/insurance-consumer-complaint	https://www.iowaattorneygeneral.gov/for-consumers/file-a-consumer-complaint/complaint-form
ID	https://www.ag.idaho.gov/consumer-	https://doi.idaho.gov/consumers/file-a-complaint/	Aun no se aprobó la ley

Estado	Departamento del Fiscal General	Facturación sorpresa o Departamento de Seguros	Sitio web del estado sobre la facturación del saldo
	protection/consumer-complaints/		
IL	Formulario de quejas de la Oficina de atención médica (illinoisattorneygeneral.gov)	https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=096-1523 1-877-305-5145	Cómo comprender el proceso de quejas del seguro (illinois.gov)
IN	https://www.in.gov/attorneygeneral/consumer-protection-division/file-a-complaint/	https://www.in.gov/idoi/consumer-services/complaints/	https://legiscan.com/IN/bill/HB1004/2020
MD	https://www.marylandattorneygeneral.gov/pages/cpd/complaint.aspx	https://insurance.maryland.gov/Consumer/Pages/FileAComplaint1.aspx	https://insurance.maryland.gov/Consumer/Documents/publications/AssignmentofBenefitsFAQ.pdf
MA	https://www.mass.gov/how-to/file-a-consumer-complaint	https://www.mass.gov/how-to/filing-an-insurance-complaint	https://www.mass.gov/doc/out-of-network-billing-in-massachusetts-chartpack/download
MI	https://www.michigan.gov/documents/ag/Consumer_Complaint_Form_-_paper_642450_7.pdf	833-ASK-DIFS (833-275-3437)	https://www.michigan.gov/difs/0,5269,7-303--560598--,00.html
NJ	https://www.njoag.gov/contact/file-a-complaint/	https://www.nj.gov/dobi/division_consumers/insurance/outofnetwork.html	https://www.nj.gov/dobi/division_insurance/oonarbitration/data/210131report.html
NY	https://ag.ny.gov/consumer-frauds/Filing-a-Consumer-Complaint	https://www.dfs.ny.gov/complaint	https://www.dfs.ny.gov/consumers/health_insurance/surprise_medical_bills
OH	https://www.ohioattorneygeneral.gov/Individuals-and-Families/Consumers/File-a-Complaint	surprisebilling@insurance.ohio.gov	https://insurance.ohio.gov/wps/portal/gov/odi/consumers/health/surprise-billing
OR	https://www.doj.state.or.us/wp-content/uploads/2017/08/consumer_complaint.pdf	https://dfr.oregon.gov/help/complaints-licenses/Pages/file-complaint.aspx 888-877-4894 (número gratuito).	https://dfr.oregon.gov/news/2018/Pages/20180301-balance-billing.aspx
PA	https://www.attorneygeneral.gov/submit-a-complaint/health-care-complaint/	https://www.insurance.pa.gov/Consumers/insurance-complaint/Pages/default.aspx	https://www.insurance.pa.gov/Documents/Balance%20Billing/Kevin%20Lucia.pdf

State Balance Billing Laws and Requirements

State	Emergency Services	Services at an in-network hospital or ambulatory surgical center and other protections
CA		
CT		
DE		
FL		
GA		
IA		
ID	No state law	
IL		
IN		
MD		
MA		
MI		
NJ		
NY	If your insurance ID card says “fully insured coverage,” you can’t give written consent and give up your protections not to be balance billed for post-stabilization services.	<p>If your insurance ID card says “fully insured coverage,” you can’t give up your protection against receiving a “surprise bill”, which is when you’re at an in-network hospital or ambulatory surgical facility and a participating doctor was not available, a non-participating doctor provided services without your knowledge, or unforeseen medical services were provided</p> <p>Referrals by your in-network doctor: If your insurance ID card says “fully insured coverage,” surprise bills include when your in-network doctor refers you to an out-of-network provider without your consent (including lab and pathology services). These providers can’t balance bill you and may not ask you to give up your protections not to be balance billed. You may need to sign a form (available on the Department of Financial Services’ website) for the full balance billing protection to apply.</p>
OH		
OR		
PA		