



Out-of-Network Surprise Billing Disclosure

Surprise Billing—Know Your Rights

Beginning January 1, 2020, Colorado state law protects you* from “surprise billing,” also known as “balance billing.”

What is surprise/balance billing, and when does it happen?

You are responsible for the cost-sharing amounts required by your health plan, including copayments, deductibles, and/or coinsurance. If you are seen by a provider or use services in a facility or agency that are not in your health plan’s network, you may have to pay additional costs associated with that care. These providers or services at facilities or agencies are sometimes referred to as “out-of-network.” Out-of-network facilities or agencies often bill you the difference between what your insurer decides is the eligible charge and what the out-of-network provider bills as the total charge. This is called “surprise” or “balance” billing.

Insurance from Outside of Colorado:

This Colorado legislation does not apply to insurances outside the state of Colorado. Your insurance may consider services at Estes Park Health as Out-of-network based on your plan. Estes Park Health does not enroll with Medicaid related insurance plans from states outside of Colorado. Accordingly, we will not send a claim to your plan and you are responsible for the cost of services. If your plan is billed in error, we will return any payment received. If your plan is from another state, yet not a Medicaid plan, Estes Park Health will send the bill to the patient’s plan; however ultimately, the patient is responsible for the bill. Financial Counselors are available to provide financial assistance for urgent or emergent services in accordance with Colorado regulations. Please see www.eph.org for our Financial Assistance policy.

When you CANNOT be balance-billed:

- **Emergency Services.** Not every service provided in an emergency department is an emergency service. If you are receiving emergency services, in most circumstances, the most you can be billed for is your plan’s in-network cost-sharing amounts. You cannot be balance-billed for any other amount. This includes both the emergency facility and any providers that see you for emergency care.
- **Non-emergency Services at an In-Network or Out-of-Network Facility.** The facility or agency must tell you if you are at an out-of-network location or at an in-network location that is using out of network providers. They must also tell you what types of services may be provided by any out-of-network provider.

You have the right to request that in-network providers perform all covered medical services. However, you may have to receive medical services from an out-of-network provider if an in-network provider is not available. In this case, the most you can be billed for covered services is your in-network cost-sharing amount (copayments, deductibles, and/or coinsurance). These providers cannot balance bill you.

Additional Protections

- Your insurer will pay out-of-network providers and facilities directly. Again, you are only responsible for paying your in-network cost-sharing for covered services.
- Your insurer must count any amount you pay for emergency services or certain out-of-network services (described above) toward your in-network deductible and out-of-pocket limit.
- Your provider or facility or agency must refund any amount you overpay within 60 days of being notified.
- A provider, hospital, or outpatient surgical facility cannot ask you to limit or give up these rights.

If you receive services from an out-of-network provider or facility or agency in any OTHER situation, you may still be balance billed, or you may be responsible for the entire bill. If you intentionally receive non-emergency services from an out-of-network provider or facility, you may also be balance billed.

If you think you have received a bill for amounts other than your copayments, deductible, and/or coinsurance, please contact our billing department at 866.429.6045, or the Division of Insurance at 303.894.7490 or 1.800.930-3745.

I acknowledge receipt of Surprise Billing disclosures:

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM.

Name of patient (printed) _____ Date _____

Signature of patient or legally authorized representative _____

*This law does not apply to all health plans and may not apply to out-of-state out-of-network providers. Check to see if you have “CO-DOI” on your ID card. If not, this law may not apply to your health plan.