TELLURIDE
REGIONAL MEDICAL CENTER

SURPRISE BILLING — KNOW YOUR RIGHTS

Beginning January 1, 2020, when you have a colorado issued health plan, Colorado State Law protects you from "*Surprise Billing*," also known as "*Balance Billing*."

THIS LAW DOES NOT APPLY TO ALL COLORADO HEALTH PLANS. IT ONLY APPLIES IF:

- You have a "CO-DOI" on your health insurance id card, and...
- You are receiving care and services provided at a regulated facility in the State of Colorado.
- You receive covered emergency services, other than ambulance services, from an out-of-network provider in Colorado, and/or...
- You unintentionally receive covered services from an out-of-network provider at an in network facility in Colorado.*

WHAT IS SURPRISE/BALANCE BILLING, AND WHEN DOES IT HAPPEN?

If you are seen by a provider or use services in a facility or agency that is not in your health insurance plan's provider network, sometimes referred to as "out-of-network," you may receive a bill for additional costs associated with that care. 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.

WHEN YOU CANNOT BE BALANCE-BILLED

Emergency Services

If you are receiving emergency services, the most you can be billed is your plan's in-network cost sharing amounts, which are copayments, deductibles, and /or coinsurance. You cannot be billed for any other amount. This includes both the facility where you receive emergency services and any providers that see you for emergency services. Please note that not every service provided in an emergency department is an emergency service.

Non-Emergency Services at an In-Network Facility by an Out-Of-Network Provider

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 that you will be using may be provided by an 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 which are copayments, deductibles, and/or coinsurance. These providers cannot balance bill you for additional costs.

ADDITIONAL PROTECTIONS

- Your insurer will pay out-of-network providers and facilities directly.
- 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, facility, hospital, or agency must refund any amount you overpay within 60 days of being notified.
- No one, including a provider, hospital, or insurer, can 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 the billing department, or the colorado division of insurance at 303- 894-7490 Or 1-800-930-3745. Please contact your health insurance plan at the number on your health insurance id card or the Colorado division of insurance with questions.

PATIENT / GUARANTOR SIGNATURE _____ DATE _____

PATIENT NAME _____ DATE OF BIRTH _____