Your Rights and Protections Against Surprise Medical Bills

Federal No Surprises Act Disclosure Notice

When you receive emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from certain unexpected medical bills, also known as surprise bills.

What is balance billing?

When you receive care from a provider who does not participate in your health insurance network, that provider may ordinarily charge more than your insurance plan's allowed amount. The difference between the provider's charge and the amount paid by your insurance plan is called balance billing. Federal law prohibits balance billing in certain circumstances.

Your protections at an in-network surgical center

- You generally cannot be billed more than your applicable in-network deductible, copayment, or coinsurance for protected services.
- Your insurance plan must generally calculate your cost-sharing responsibility using the applicable in-network rules.
- Your out-of-network physician cannot bill you for the difference between the physician's charges and the amount paid by your insurance plan for protected services.
- You cannot be required to waive your federal balance-billing protections.

For certain nonemergency services, an out-of-network provider may request your written consent to waive these protections, subject to strict federal requirements. You are never required to give that consent.

Your rights under federal law

You are protected against prohibited balance billing under the No Surprises Act. If you believe you have been incorrectly billed, contact the Centers for Medicare & Medicaid Services (CMS) at 1-800-985-3059 or www.cms.gov/nosurprises.

For additional information about your rights under New Jersey law, you may also contact the New Jersey Department of Banking and Insurance.

This notice informs patients of their rights under federal law. It is not a waiver of those rights and does not authorize out-of-network balance billing.