



YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

FOR PATIENTS WITH INSURANCE:

WHAT IS “BALANCE BILLING” OR “SURPRISE BILLING”?

When you see one of Manchester Urology’s Physicians/Providers, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider that isn’t in your health plan’s network. Manchester Urology strives to participate with all insurance carriers in the New England area as in-network providers.

“Out-of-network” describes Physicians/Providers haven’t signed a contract with a certain 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 annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you have an emergency or when you schedule an office visit and are unexpectedly treated by an out-of-network provider.

YOU ARE PROTECTED FROM BALANCE BILLING FOR:

1. Emergency services: If you have an emergency medical condition and get emergency services from a Manchester Urology Physician/Provider who is an out of network provider, the most the Manchester Urology may bill you is your plan’s in network cost-sharing amount (such as copayments and coinsurance). 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.
 2. Certain services at an in-network hospital: The most these providers may 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. Providers of these types of services can’t balance bill you and may not ask you to give up your protections not to be balance billed. Providers of other types of services can balance bill you but only if you give written consent and give up your protections.
- **You’re never required to give up your protections from balance billing. You can always go elsewhere and choose a provider or facility in your plan’s network instead.**



- **When balance billing isn't allowed, you also have the following protections:**
 - You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
 - Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what your health plan 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 deductible and out-of-pocket limit.
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- If you believe you've been wrongly billed, you may contact Manchester Urology Associate's Patient Financial Services Department at 603.669-9200 .
- Visit [cms.gov/nosurprises](https://www.cms.gov/nosurprises) for more information about your rights under federal law.

FOR PATIENTS WITHOUT INSURANCE:

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost.

- Under the law, health care providers need to give patients who don't have insurance, or who are not using insurance, an estimate of the bill for medical items and services.
- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees incurred during your visit.
- If you receive a bill that is \$400 or more than your Good Faith Estimate, you can dispute the bill. Please keep in mind that your physician or other provider will make the actual determination regarding the specific care you need during your visit based on your diagnosis, general health condition, and many other factors.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit [cms.gov/no_surprises](https://www.cms.gov/no_surprises) or call Manchester Urology Associated Patient Financial Services Department at **603-669-9200**