



Patient Label

Surprise/Balance Billing Disclosure Form

Surprise Billing - Know Your Rights

Beginning January 1, 2020, Colorado state law protects you* from "surprise billing," also known as "balance billing." These protections apply when:

- 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 health care 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 health care providers often bill you for 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 for is your plan's in-network cost-sharing amounts, which are copayments, deductibles, and/or coinsurance. You cannot be balance-billed for any other amount. This includes both the emergency facility where you receive emergency services and any providers that see you for emergency care.

Non-emergency Services as an In-Network or Out-of-Network Health Care Provider

The health care provider 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 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, which are co-payments, deductibles, and/or coinsurance. These providers cannot balance bill you for additional costs.



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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 sixty days of being notified.

No one, including a provider, hospital, or insurer can ask you to limit or give up these rights.

- The out-of-network provider will submit a bill to the covered person's health insurer, and if the covered person receives a bill from the out-of-network provider, he or she should contact the health insurer's customer service to resolve the bill; and

If you want to file a complaint against your health care provider, you can submit an online complaint by visiting this website: <https://www.colorado.gov/pacific/dora/DPO File Complaint>. If you wish to speak to the Colorado Division of Insurance, you may call 303-894 -7490 or 1-800-930-3745. You may also contact your health insurance plan at the number on your health insurance ID card.

*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.

If you think you have received a bill for amounts other than your copayments, deductible, and/or coinsurance, please contact **303-422-9438**.

If you receive services from an out-of-network provider or facility or agency, you may still be balance billed, or you may be responsible for the entire bill. If you INTENTIONALLY receive nonemergency services from an out-of-network provider or facility, you may also be balance billed.

I acknowledge receipt of Surprise Billing disclosures. If applicable, I acknowledge I am intentionally receiving a nonemergency service from an out-of-network provider.

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

Name of patient (printed)

Relationship to patient

Signature of patient or legally authorized representative

Date

Time

Interpretation: Discussion interpreted for patient/representative by (name) _____ (ph#) _____
(date/time) _____

_____(initial) Directed by Patient/Legal Representative to sign on patient's behalf, after reading document to him/her.

Reason for directed signature _____