

No Surprises Act

Starting January 1, 2022, the **No Surprises Act** will protect certain patients from surprise bills for emergency services at nonparticipating facilities, services provided by nonparticipating providers at participating facilities, and air ambulance services from nonparticipating providers. The No Surprises Act also enables uninsured or self-pay patients to receive a good faith estimate of the cost of scheduled care ahead of time.

Balance Billing Disclosure

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing if you are enrolled in a group health plan, group or individual health insurance coverage, or a Federal Employees Health Benefits Plan. In these cases, you should not be charged more than your plan's copayments, coinsurance and/or deductible.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain [out-of-pocket costs](#), like a [copayment](#), [coinsurance](#), or [deductible](#). You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays, 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 plan's deductible or annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

[» ESTIMATE MY COST](#)

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). 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 balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can 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. These providers cannot balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers can't balance bill you unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

When balance billing is not allowed, you also have these protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.

- Generally, your health plan must:
- Cover emergency services without requiring you to get approval for services in advance (also known as “prior authorization”).
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it 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 in-network deductible and out-of-pocket limit.

If you think you have been wrongly billed, you may:

- File a complaint with the Montana Commissioner of Securities and Insurance at www.csimt.gov/insurance/complaints or by calling 1-800-332-6148.
- File a complaint with the federal government at www.cms.gov/nosurprises/consumers or by calling 1-800-985-3059.

Visit www.cms.gov/nosurprises for more information about your rights under federal law.

Good Faith Estimate Disclosure

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 certain types of health care coverage or are not using certain types of health care coverage** an estimate of the bill for medical items and services before those items or services are provided.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or health care items or services upon request or when scheduling such items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- If you schedule a health care item or service at least 3 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 1 business day after scheduling. If you schedule a health care item or service at least 10 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after scheduling. You can also ask your health care provider or facility for a Good Faith Estimate before you schedule an item or service. If you do, make sure the health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after you ask.
- If you receive a bill that is at least \$400 more for any provider or facility than your Good Faith Estimate from that provider or facility, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate and the bill.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call 1-800-985-3059.

My Cost Out-of-Pocket Price Estimator

Beartooth Billings Clinic is an integrated health care organization.

Our charges include:

- hospital charges and
- physician (professional) charges.

If you request prices from another health care organization, be sure to request both of these charges to get a more accurate estimate of your total charges. My Cost includes charges for the most frequent visits or procedures. If you would like a price estimate for another health care service, please call a patient financial services representative at 406-446-0646 or 1-877-404-9442. You must first agree to the Disclaimer outlined below before you can view our pricing information. Thank you.

My Cost - Disclaimer Agreement

Please read and agree to this disclaimer so that you are fully aware of the variations that can occur when comparing prices in health care.

The estimated charges provided on the following pages are intended to give patients an estimate of the prices and payments for the more commonly provided health care services at Beartooth Billings Clinic facilities located within Red Lodge, Montana. This information is an estimate only and is in no way a quote or a guarantee of the amount that you will owe or what the charges for a service will be. The estimates cannot and should not be relied on as the actual charges and/or payments you will be responsible for paying, as the actual charges and/or payments may be either lower or higher than the estimates depending upon many factors – including, but not limited to, your physician's treatment choices, actual services rendered, complications and your particular health care needs. The estimated charges are based on the information you enter on the following pages.

If you request an estimate for a surgical procedure, this estimate will only include the hospital facility charge, the physician surgical charge and, if applicable, the hospital anesthesia charge.

If you have insurance coverage, your insurance policy coverage (including deductibles, network coverage, co-pay, co-insurance, and out-of-pocket maximums) will help determine the amount you owe.

The information provided on the following pages is not a contract for the actual amount patients will be required to pay. You will be held responsible for the actual amount you owe determined after services are rendered. Note: The estimated cost is not a guarantee of insurance coverage. Please check with your insurance company if you need help understanding your benefits for the service chosen.

I HAVE READ AND UNDERSTAND THE ABOVE DISCLAIMER AGREEMENT AND I FULLY UNDERSTAND THAT THE INFORMATION ON THE FOLLOWING PAGES ARE ESTIMATES ONLY. THE ACTUAL AMOUNT I WILL BE REQUIRED TO PAY MAY BE, AND LIKELY WILL BE, DIFFERENT (HIGHER OR LOWER).

Resources for Health Care Pricing Information

We recommend reading:

[The Consumer Guide to Healthcare Prices](#) (2014) written by the national experts at the Healthcare Financial Management Association.

MHA, an Association of Montana Health Care Providers, offers web-based resources to help Montanans with their health care decisions:

- **Montana Informed Patient** (<http://www.mtinformedpatient.org>) - information, resources and tools to enable you to make informed health care decisions
- **Montana Price Point** (<http://www.montanapricepoint.org>) – shows charges from the past year for services at all Montana hospitals

Good FAQ to copy

[My Cost - Frequently Asked Questions \(beartoothbillingsclinic.com\)](#)

Pricing Transparency page

[Price Transparency \(beartoothbillingsclinic.com\)](#)