

MODEL DISCLOSURE NOTICE REGARDING PATIENT PROTECTIONS AGAINST SURPRISE BILLING

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•This completed form must be filed in the medical record•

DATE

HOSP.#

NAME

BIRTH DATE

IF NO PATIENT LABEL, PLEASE PRINT DATE, HOSP. #, AND NAME

To view University of Iowa Health Care's Language Assistance Notice, please visit https://www.healthcare.uiowa.edu/marcom/uihc/translation/point_to_your_language.pdf.

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. In these cases, you shouldn't 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.

You're 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 **can't** 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.

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MODEL DISCLOSURE NOTICE REGARDING PATIENT PROTECTIONS AGAINST SURPRISE BILLING,

Cont'd. Pg. 2 of 2, Pt. Name _____ Hosp. # _____

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 isn't 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've been wrongly billed, contact University of Iowa Health Care Patient Billing Service office at 1-866-393-4605 or PFS-PatientBilling@uiowa.edu. Office hours are Monday through Friday, 8 a.m. to 5 p.m.

The federal phone number for information and complaints is 1-800-985-3059. Visit www.cms.gov/nosurprises for more information about your rights under federal law.

By signing below, I agree I have received and/or been offered a copy of University of Iowa Health Care's No Surprises Act Disclosure Notice. I have the right to review the No Surprises Act Disclosure Notice prior to signing this form.

University of Iowa Health Care has the right to change the No Surprises Act Disclosure Notice. The revised No Surprises Act Disclosure Notice will be posted online at https://www.healthcare.uiowa.edu/marcom/uihc/billing/Balance_Billing_Rights_and_Protections.pdf, and paper copies will be available at check-in locations.

Signature: _____ **Date:** _____ **Time:** _____
(Patient or person legally authorized to consent for patient)

(Printed name of patient or legally authorized person signing)

Relationship to patient or legally authorized person)

Paperwork Reduction Act Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1401. This information collection is used by providers and facilities and plans and issuers to provide disclosures regarding patient protections against balance billing. The time required to complete this information collection is estimated to average less than 1 minute per response, including the time to review instructions and provide notice to the patient, beneficiary, or enrollee. This information collection is mandatory (Section 2799B-3 of the PHS Act, as added by the No Surprises Act and codified at 45 CFR 149.430) and must be publicly available. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850 or Russell.tips@cms.hhs.gov, Attention: Information Collections Clearance Officer.

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