



YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

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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 balance billing.

Atlanta Center for Wellness is an out-of-network outpatient facility and therefore, does not provide in-network services or bill for costs that are not agreed upon in the client contract. All clients at Atlanta Center for Wellness are responsible for the full cost of their sessions at the time of service. Any insurance billing is up to the client and is paid directly to the client. All of our clinicians' fees are posted on our website at www.atlantacenterforwellness.com, as well as on all the initial paperwork.

What Is Balance Billing?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a co-payment, co-insurance, and/or a deductible. You may have other costs or must pay the entire bill if you see a provider or visit a health care facility that is not in your health plan's network.

"Out-of-network" describes providers and facilities that have not signed a contract with your 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 may not count towards your annual out-of-pocket limit.

Balance billing (sometimes known as *surprise billing*) is an unexpected balance bill. This can happen when you cannot 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.

You are protected from balance billing for the following:

Emergency Services

If you have an emergency medical condition and receive emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as co-payments and co-insurance). You cannot be balance-billed for these emergency services. This includes services you may receive after you are in stable condition, unless you give written consent and give up your protections not to be balance-billed for post-stabilization services.

Certain Services at an In-network Hospital or Ambulatory Surgical Center

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

If you receive other services at these in-network facilities, out-of-network providers cannot balance-bill unless you provide written consent and give up your protections.

You are never required to give up your protection from balance billing. Additionally, you are not required to receive 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 the following protections:

- You are only responsible for paying your share of the cost (such as co-payments, co-insurance, 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 must generally:
 - 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 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 deductible and out-of-pocket limit.

If you believe you have been wrongly billed, you may contact Georgia Secretary of State at <https://sos.ga.gov>.

Please visit <https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf> for more information about your rights under federal law.

Signature _____

Date _____