



Mountaintop Dermatology: Out-of-Network Surprise Billing Disclosure

Surprise Billing—Know Your Rights Beginning January 1, 2020, Colorado state law protects you* from “surprise billing,” also known as “balance billing.”

What is surprise/balance billing, and when does it happen?

You are responsible for the cost-sharing amounts required by your health plan, including copayments, deductibles, and/or coinsurance. If you are seen by a provider or use services in a facility or agency that are not in your health plan’s network, you may have to pay additional costs associated with that care. These providers or services at facilities or agencies are sometimes referred to as “out-of-network.”

Out-of-network facilities or agencies often bill you 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:

- Non-emergency Services at an In-Network or Out-of-Network Facility. The facility or agency 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 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 (copayments, deductibles, and/or coinsurance). These providers cannot balance bill you.

Additional Protections:

- Your insurer will pay out-of-network providers and facilities directly. Again, you are only responsible for paying your in-network costs-sharing for covered services.
- 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 or facility or agency must refund any amount you overpay within 60 days of being notified.
- A provider, hospital, or outpatient surgical facility cannot ask you to limit or give up these rights.

If you receive services from an out-of-network provider or facility or agency in any OTHER situation, you may still be balance billed, or you may be responsible for the entire bill. If you intentionally receive non-emergency services from an out-of-network provider or facility, you may also be balance billed.

If you think you have received a bill for amounts other than your copayments, deductible, and/or coinsurance, please contact our billing department: WCDB, Sue Gardner - 888-541-9232 xt 453.

I acknowledge receipt of Surprise Billing disclosures:

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 _____

***This law does not apply to all health plans and may not apply to out-of-state out-of-network providers. Check to see if you have “CO-DOI” on your ID card. If not, this law may not apply to your health plan.**