



Lakes Region Retina, P.C. • 13800 Bluestem Court • Baxter, MN 56425  
Main Number: (218) 297-5344 Fax Number: (218) 297-5363

### **Your Rights and Protections Against Surprise Medical Bills**

When you receive care from an out-of-network provider, you are protected from unexpected medical bills under federal law. This protection, known as the **\*\*No Surprises Act\*\***, ensures that you are not charged more than the in-network cost-sharing amount in certain circumstances.

#### **When These Protections Apply**

You are protected from surprise billing or balance billing when you receive emergency services or certain non-emergency services from an out-of-network provider at an in-network facility. If you have an emergency medical condition and receive emergency services from an out-of-network provider or facility, the most you can be billed is your plan's in-network cost-sharing amount.

#### **What Is 'Balance Billing'?**

When you see a doctor or other healthcare provider, you may owe certain out-of-pocket costs such as a co-payment, coinsurance, or deductible. If you see an out-of-network provider, you may have additional costs. 'Balance billing' happens when an out-of-network provider bills you the difference between what your insurance paid and the total charge for the service. The No Surprises Act protects you from these additional charges in specific situations.

#### **Your Protections Include**

- You are only responsible for paying your share of the cost (such as co-pays, deductibles, and coinsurance) that you would pay if the provider were in-network.
- Your health plan must pay out-of-network providers and facilities directly, resolving the payment difference without involving you.
- You cannot be required to give up your protections from balance billing or to receive care out-of-network, except when you choose to do so in advance and provide written consent.

### **Good Faith Estimate for Uninsured or Self-Pay Patients**

If you do not have insurance or choose not to use your insurance, you are entitled to receive a **\*\*Good Faith Estimate\*\*** explaining the expected cost of your medical care. This estimate will include the total expected charges for services such as office visits, diagnostic testing, and procedures. You have the right to request an estimate in writing before scheduling or during the scheduling process.

### **Disputing a Bill**

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you may dispute the charge. You must file a dispute within 120 calendar days of receiving the bill. There is a small administrative fee for filing a dispute, which may be refunded if your case is decided in your favor.

For more information or to start a dispute, visit: **\*\*www.cms.gov/nosurprises\*\*** or call **\*\*1-800-985-3059\*\***.

### **Learn More**

For additional information about your rights under the No Surprises Act, visit **\*\*www.cms.gov/nosurprises\*\***. You may also contact Lakes Region Retina at (218) 297-5344 with any questions about your bill or these protections.

Lakes Region Retina complies fully with the federal No Surprises Act to ensure transparency and fairness in billing. We are committed to providing clear cost information and protecting our patients from unexpected medical charges.