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"Surprise" Out-of-Network Medical Bills

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What is a surprise medical bill (also called a “balance bill”)?

When an out-of-network provider (eg, physician, ambulance company, or medical laboratory) bills you for the remaining cost of service that insurance did not cover. Many states now have laws that prevent surprise billing.

Common causes of surprise billing



Visit to the emergency room

The hospital is an in-network facility, but the doctor caring for you is out of network.



Laboratory services

Your doctor orders special tests that require the use of an out-of-network laboratory.



Surgical procedure

The surgeon is in network, but the anesthesiologist or assistant is out of network.

Tips for avoiding surprise billing

- ✓ Verify with your provider that they and those they work with are in network.
- ✓ Verify with your insurer that your provider is covered under your plan.
- ✓ Ask your insurer what your coverage is when out of network.
- ✓ If your doctor orders a procedure, ask what they might charge.
- ✓ If they order specialized tests, ask if they can use an in-network laboratory.
- ✓ Make a list of emergency facilities that are in network.
- ✓ Check to see if ambulance service is part of your plan.

N. Reback

Medical bills can be much more expensive when they are from doctors, hospitals, or companies that

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What Are Surprise Medical Bills?

"Surprise bills" are medical bills from doctors, hospitals, or companies that are not covered by insurance (**out of network**). Insurance often pays out-of-network practitioners less than they charged. If they send a patient a bill for the amount that the insurance did not pay, this is considered a "balance bill" or "surprise bill."

About 1 in 5 patients admitted to an in-network hospital or having elective surgery at an in-network hospital receives an out-of-network bill. For patients giving birth at an in-network hospital, the proportion is 1 in 10.

Out-of-network charges are usually much higher than what insurance typically pays for the same care. In surgery, out-of-network bills are on average \$2000 higher than the usual insurance payment.

Who Sends Surprise Bills?

These bills are considered surprises because they come from doctors and other clinicians whom a patient did not choose but who were still involved in that patient's care. For patients having surgery, these bills most often come from surgical assistants or anesthesiologists. In general hospital care, they can also come from emergency doctors, laboratories, radiologists, and pathologists. Other sources include ambulances, medical supply companies, physical therapists, and medical or intensive care unit specialists.

Even when these clinicians work together, they do not always agree to accept the same insurance.

Ways to Protect Against Receiving Surprise Medical Bills

If you are planning a medical treatment or procedure, there are a few things you can do. First, check with your insurance plan to make sure your doctor and hospital are covered by your insurance plan. Insurance plans have online directories that list their in-network practitioners, but you may need to call the plan to check. Try to document that they are in network when you are scheduling your care.

Second, check with your doctor to see if they work with other doctors or assistants who might not take the same insurance. You can also ask if you should expect other clinicians to be involved in your care, for example, anesthesiologists, radiologists, pathologists, or special outside laboratories.

Third, check with your hospital to see if those other doctors accept the same insurance. You could also ask the doctor or hospital whether other patients getting similar treatments have reported surprise out-of-

Even if you do all these things ahead of time, there might be different people providing your care than expected.

What Are Lawmakers Doing About Surprise Medical Bills?

Many states have laws limiting surprise bills, including California, Colorado, Florida, Illinois, North Carolina, New York, Texas, and others. Patients living in these states may be able to appeal their bill. These laws do not protect all patients in all situations. For instance, they do not apply to many people with insurance through their job ("self-insured" insurance plans), and sometimes apply only in emergencies.

For More Information

Consumer Reports

<https://advocacy.consumerreports.org/research/insurance-complaint-tool/>

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