

McLaren Print System Order

Order No: 86528
Order Date: 2024-06-26
User: Lori Loll
Phone: 5864933529

Ship Location: McLaren Macomb Cashier office c/o Lori Loll
1000 Harrington Boulevard
Mount Clemens, MI 48043

Brochures
Quantity: 100
Paragon Dept No: 90200
Dept Name: McLaren Macomb
Company Number: 10

Order Total Price: 12.00

Item Number: MHCC-2804C
Item Description: Rights and Protections Form
Revision Date: 2/2022
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Poster:
Misc Info: 11x17, ds, folded

**Surprise Billing Protection
Notice, Consent and Cost Estimate**



The purpose of this document is to let you know about your protections from unexpected medical bills. It also asks whether you would like to give up those protections and pay more for out-of-network care.

IMPORTANT: You aren't required to sign this form and shouldn't sign it if you didn't have a choice of health care provider when you received care. You can choose to get care from a provider or facility in your health plan's network, which may cost you less.

If you'd like assistance with this document, ask your provider or a patient advocate. Take a picture and/or keep a copy of this form for your records.

You're getting this notice because this provider or facility isn't in your health plan's network. This means the provider or facility doesn't have an agreement with your plan.

Getting care from this provider or facility could cost you more.

If your plan covers the item or service you're getting, federal law protects you from higher bills:

- When you get emergency care from out-of-network providers and facilities, or
- When an out-of-network provider treats you at an in-network hospital or ambulatory surgical center without your knowledge or consent.

Ask your health care provider or patient advocate if you need help knowing if these protections apply to you.

Spec Info: If you sign this form, you may pay more because:

- You are giving up your protections under the law.
- You may owe the full costs billed for items and services received.
- Your health plan might not count any of the amount you pay towards your deductible and out-of-pocket limit. Contact your health plan for more information.

You shouldn't sign this form if you didn't have a choice of providers when receiving care. For example, if a doctor was assigned to you with no opportunity to make a change.

Before deciding whether to sign this form, you can contact your health plan to find an in-network provider or facility. If there isn't one, your health plan might work out an agreement with this provider or facility, or another one.

See the next page for your cost estimate.