

McLaren Print System Order

Order No: 90109
Order Date: 2024-11-18
User: Jodi Peterman
Phone: 3422133

Ship Location: Jodi Peterman - McLaren Flint MRI Ballenger
750 S Ballenger Hwy
Flint, MI 48532

Brochures
Quantity: 1
Paragon Dept No: 32113
Dept Name: McLaren Flint MRI Ballenger
Company Number: 60

Order Total Price: 8.00

Item Number: MHCC-2804-1824
Item Description: Rights and Protections Poster
Revision Date: 10/2024
Print:
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Size:
Fold:
Finish:
Drill:
Poster: 11x17 laminated
Misc Info:

YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

WHAT IS "BALANCE BILLING"?
SOMETIMES CALLED "SURPRISE BILLING"
When you see a doctor or other health care provider, you may incur out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs as well, such as the cost of a service or facility, or health care facility that isn't your health plan's network.

WHEN BALANCE BILLING ISN'T ALLOWED, YOU ALSO HAVE THE FOLLOWING PROTECTIONS:
1. Clear emergency services without requiring you to get approval for services in advance from your health plan.
2. Clear emergency services by out-of-network providers.
3. Know what you owe for services or facility, including an amount you pay at an in-network provider or facility and show that amount to your representative if necessary.
4. Show any amount you pay for emergency services at an out-of-network provider toward your deductible and out-of-pocket limit.

YOU ARE PROTECTED FROM BALANCE BILLING FOR Emergency services
If you have an emergency medical condition and get 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 out-of-pocket amount (such as a copayment and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these non-emergency services.

If you believe you've been wrongly billed, you may contact the Michigan Consumer Complaints Office at 1-800-487-7262, T-800-487-7262 or the Centers for Medicare and Medicaid Services at 1-800-888-8446. Visit www.cms.gov/norurac for more information about your rights under federal law. Visit www.michigan.gov/OCRC for more information about your rights under Michigan law, or visit www.michigan.gov/healthaffairs for your rights under this law.

YOU HAVE THE RIGHT TO RECEIVE A "GOOD FAITH ESTIMATE" EXPLAINING HOW MUCH YOUR HEALTH CARE WILL COST.
Under the law, health care providers need to give patients who don't have certain types of health care coverage or who are not using certain types of health care coverage an estimate of their bill for health care items and services before those items or services are provided.

If you have the right to receive a Good Faith Estimate for the total expected cost of any health care items or services you request or after including such items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
If you schedule a health care item or service at least 30 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 30 business days after scheduling. You can also ask any health care provider or facility for a Good Faith Estimate before you schedule an item or service. If you do, make sure the health care provider or facility gives you a Good Faith Estimate in writing, within 30 business days after you do.

When you get services at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.
You're never required to give up your protections from surprise billing.
You are never required to give up your protections from balance billing.
You are never required to give up your protections from surprise billing or balance billing.

If you receive a bill that is at least \$400 more for any provider or facility than your Good Faith Estimate from that provider or facility, you can dispute the bill.
If you have a copy in person of your Good Faith Estimate and the bill, visit www.michigan.gov/consumerservices or call 1-800-888-8446.

Spec. Info:



10/2024