

### McLaren Print System Order

**Order No: 90301**  
**Order Date: 2024-11-22**  
**User: Ann Whiting**  
**Phone: 810-385-5531**

**Ship Location: McLaren Port Huron Physical Therapy**  
**3504 Pine Grove Ave.**  
**Port Huron, MI 48060**

**Brochure**  
**Quantity: 5**  
**Paragon Dept No: 26900-3372 (People Soft number)**  
**Dept Name: McLaren Port Huron Physical Therapy**  
**Company Number:**

**Order Total Price: 40.00**

**Item Number: MHCC-2804-1824**  
**Item Description: Rights and Protections Poster**  
**Revision Date: 10/2024**  
**Print:**  
**Paper:**  
**Size:**  
**Fold:**  
**Finish:**  
**Drill:**  
**Poster: 12x18 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" OR "SURPRISE BILLING"?**  
**DEFINITION 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 if you are a provider or out-of-network care facility that isn't your health plan's network. "Out-of-network" describes providers and facilities that haven't agreed to contract with your health plan. That arrangement prohibits the provider or facility from billing you for the difference between what your plan agrees to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not cover most of your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is treated at your center or when you have an emergency or when you schedule an visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

**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 least in-network or facility rate will apply to your portion of network cost-sharing amount (such as copayments and coinsurance). This can't be higher than the in-network rates. 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 those provider/facility services.

**WHEN BALANCE BILLING ISN'T ALLOWED, YOU ALSO HAVE THE FOLLOWING PROTECTIONS:**

- You are only responsible for paying your share of the cost like the copayment, coinsurance, and deductibles that you would pay if the provider or facility was in-network. Your health plan will pay out-of-network provider and business directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance from authorization.
  - Cover emergency services by out-of-network providers.
  - Show what you owe the provider or facility, including an what it would pay or an in-network provider or facility and show that amount is your responsibility.
  - Show any amount you pay for emergency services at out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact the Michigan Consumer Complaints Office at 1-800-487-2494, T-800-487-2494 or the Center for Medicare and Medicaid Services at 1-800-898-8688.

Visit [www.michigan.gov/consumer](http://www.michigan.gov/consumer) for more information about your rights under federal law. Visit [www.hhs.gov/medicare](http://www.hhs.gov/medicare) for more information about your rights under Medicare law. Or visit [www.cms.gov](http://www.cms.gov) for your rights under Title III.

**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.

\* 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.

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.

\* There even is some help in person if your Good Faith Estimate and the bill. For questions or more information about your right to a Good Faith Estimate, visit [www.michigan.gov/consumer](http://www.michigan.gov/consumer) or call 1-800-487-2494.

**Spec. Info:**  
 If you get other services at those in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.  
 They're never required to give up their protections from balance billing. They also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.  
 In addition to the protections of the Surprise Act, the state in which you receive services may have protections that apply to non-emergency services at an in-network facility. Additional information is available at your state website. Michigan residents can visit <http://www.michigan.gov/consumer>. (MI) 2022-1-0302, 0303, 0304, 0305, 0306, 0307, 0308, 0309, 0310, 0311, 0312, 0313. (This website can visit <http://www.michigan.gov/consumer> for more information.)