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STANDARD NOTICE

"Right to Receive a Good Faith Estimate of Expected Charges"
Under the NoSurprises Act

You have the right to receive a "Good Faith Estimate"explaining how much your medical care will cost

Under the law, health care providers need to give **patients who don't have insurance or who are not using insurance** an estimate of the bill for medicalitems and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.

- Make sure your health care provider gives you a Good Faith Estimate in writing at least one business day before your medical service or item. You can also ask your health care provider, and any other provider you choose for a Good Faith Estimate before you schedule an item or service.

- If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill.

- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call Dr. Danielle Chesney at 215-764-7916

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YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

(OMB Control Number: 0938-1401)

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 owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference betweenwhat your plan agreed 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 count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care - like when you have an emergency or when you schedule a 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 most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments 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 balanced billed for these post-stabilization services.

New Jersey law also protect you from being billed for out-of-network services provided on an emergency or urgent basis in an amount in excess of your in-network cost-sharing amount (i.e., the amount your deductible, copayments, or coinsurance would have been if the same services were provided on an in-network basis).

Pennsylvania law also provides protection from balance billing. If you have a PPO (Preferred Provider Organization) plan, your plan will pay for emergency services. You will not be liable for out-of-pocket expenses greater than if you had received services from a preferred provider. If you have an HMO (Health Maintenance Organization) plan, emergency services are covered despite geographic service area and affiliation of provider. Emergency room copayment will not exceed copayment that you would typically pay for a primary care visit, if you are referred to the emergency room by a primary care physician or the HMO and services could not be provided in the primary care physician's office.

Certain services at an in-network hospital or ambulatory surgical center
When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you unless you give written consent and give up your protections.

You're never required to give up your protection from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the followingprotections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

- Your health plan generally must:

    - Cover emergency services without requiring you to get approval for services inadvance (prior authorization).

    - Cover emergency services by out-of-network providers.

    - Base what you owe the provider or facility (cost-sharing) on what it would pay anin-network provider or facility and show that amount in your explanation of benefits.

    - Count any amount you pay for emergency services or out-of-network servicestoward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact:

For New Jersey Assistance:
New Jersey Department of Banking and Insurance
PO Box 471 Trenton, NJ 08625-0471
609-292-7272 or 1-800-446-7467
www.state.nj.us/dobi/consumer.htm

For Pennsylvania Assistance:
Pennsylvania Insurance Department
1209 Strawberry Square Harrisburg, PA 17120
www.insurance.pa.gov/Consumers/insurance-complaint/Pages/default.aspx

For more information about your rights under Federal law, visit
https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billig-providers-facilities-health.pdf

For more information about your rights under New Jersey law, visit
www.state.nj.us/dobi/division_consumers/insurance/outofnetwork.html

For more information about your rights under Pennsylvania law, visit
https://www.insurance.pa.gov/Coverage/health-insurance/no-surprises-act/Pages/default.aspx