



## Rio Grande Hospital and Clinics Surprise Billing Disclosure

### **Surprise Billing -- Know Your Rights**

Beginning January 1, 2020, Colorado state law protects you\* from “surprise billing,” also known as “balance billing.” These protections apply when:

- You receive covered emergency services, other than ambulance services, from an out-of-network provider in Colorado and/or
- You unintentionally receive covered services from an out-of-network provider at an in-network facility in Colorado

### **What is surprise/balance billing, and when does it happen?**

If you are seen by a provider or use services at Rio Grande Hospitals and Clinics (RGH) that is **NOT** in your health insurance plan’s provider network, sometimes referred to as “out-of-network”, you may receive a bill for additional costs associated with that care. Out-of-network facilities or agencies often bill you the difference between what your insurer decides is the eligible charge and what the out-of-network provider bills as the total charge. This is called “surprise” or “balance” billing.

### **When you CANNOT be balance-billed:**

Emergency Services: If you are receiving emergency services, the most you can be billed for is your plan’s in-network cost-sharing amounts, which are co-payments, deductibles, and/or co-insurance. You cannot be billed for any other amount. This includes both the emergency facility where you receive emergency services and any providers that see you for emergency services. **\*\*Please note that not every service provided in an emergency department is an emergency service.**

Non-emergency Services at an In-Network Facility by an Out-of-Network Provider: RGH must tell you if you are at an out-of-network location or at an in-network location that is using out-of-network providers. We must also tell you what types of services may be provided by any out-of-network provider. Out-of-network providers may include but may not be limited to:

**Colorado Imaging Associates; Precision Lab Diagnostics; Quest Diagnostics; Dr. Sridhar Kumar; Kassandra Cunningham PAC; Dr. Julian Maendel; Dr. Carla Christ; Dr. Matthew Chang; Dr. Robert Hunter; Dr. Kathryn Echols; Dr. Sophia Rangwala; Dr. Steven Jones; Dr. Amy Robertson; Dr. Alan Synn; Dr. Kenneth Lewis.**

**You have the right** to request that in-network providers perform all covered medical services. However, you may have to receive medical services from an out-of-network provider if an in-network provider is not available. In this case, the most you can be billed for **covered** services is your in-network cost-sharing amount (copayments, deductibles, and/or coinsurance). These providers cannot balance bill you for additional costs.

### **Additional Protections**

- Your insurer will pay out-of-network providers and facilities directly.
- Your insurer must count any amount you pay for emergency services or certain out-of-network services (described above) toward your in-network deductible and out-of-pocket limit.
- RGH must refund any amount you overpay within 60 days of being notified.
- No one, including a provider, hospital, or insurer, can ask you to limit or give up these rights.

***If you receive services from an out-of-network provider in any OTHER situation, you may still be balance billed, or you may be responsible for the entire bill. If you intentionally receive non-emergency services from an out-of-network provider or facility, you may also be balance billed.***

If you think you have received a bill for amounts other than your copayments, deductible, and/or coinsurance, please contact the RGH billing department at 719-657-2510, or the Division of Insurance at 303-894-7490 or 1-800-930-3745.

\* This law does not apply to all Colorado health plans. It only applies if:

- You have a “CO-DOI” on your health insurance ID card, and
- You are receiving care and services provided at a regulated facility in the State of Colorado

Please contact your health insurance plan at the number on your health insurance ID card or the Colorado Division of Insurance with questions.

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Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient or Authorized Rep Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date