

No Surprise Billing | Price Transparency Information for Patients

Notice of Patient Protections Against Surprise Billing (Form #12478)

Provided to all patients with private healthcare plans (does not include government insurance like Medicare, Medicaid, Tricare, or VA or non-traditional insurances like health share ministries, worker's compensation, or liability coverage)

In Person: Here is some information about your protections from unexpected medical bills. New laws have recently gone into effect that have changed how providers can bill for certain services.

On the Phone: New laws have recently gone into effect that change how providers can bill for certain services. We have a notice available with more information. Would you like a copy? (yes or no) If yes, would you like me to send that to you in the mail, or through email? Information is available in the Price Transparency section on our website, munsonhealthcare.org.

If the patient refuses to accept the notice: OK, you're not required to take it, but we will have it available if you change your mind.

Notice of Right to Receive a Good Faith Estimate (Form #12479)

Provided to all uninsured and self-pay patients and those with non-traditional health insurance, such as health share ministries, worker's compensation, or liability coverage

In Person: You have the right to receive a good-faith estimate of the costs of healthcare services. This form provides information about how to obtain an estimate. If you would like to receive a good-faith estimate, please note that it may take up to two business days to complete. You will need to come back for your visit after the estimate is completed. We'll let you know when it's ready. How would you like to be contacted?

On the Phone: You have the right to receive a good-faith estimate of the costs of healthcare services. (Review form with patient over the phone.) If you would like to receive a good-faith estimate, please note that it may take up to two business days to complete. We'll let you know when it's ready. I can send you more information about this in the mail or through email. How would you like to get this information?

If the patient refuses to accept the notice: OK, you're not required to take it, but we can provide one if you change your mind. If you would like to receive a good-faith estimate, please note that it may take up to two business days to complete.

Detailed Good-Faith Estimate (Form #12480)

Provided to all uninsured and self-pay patients, including those with non-traditional health insurance, and those with out-of-network coverage

In Person: This form details the expected cost of the services to be performed by Munson Healthcare. This good-faith estimate is not a guarantee of the actual final cost. It is the best estimate we can make with the information we have right now.

On the Phone: We have created a good faith estimate for your services being performed by Munson Healthcare. The good-faith estimate is not a guarantee of the actual final cost. It is the best estimate we can make with the information we have right now. How would you like to receive your estimate (email or mail), and do you have a minute that I can go over the information with you now?

Balance Billing Acknowledgement (Form #12477)

Provided to patients with out-of-network insurance, with the Good-Faith Estimate

In Person: You're getting this form because this provider or facility isn't in your health plan's network. That means getting care may cost you more. By signing this form, you are acknowledging the potential higher cost. 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.

On the Phone: We have created a balance billing acknowledgement form for your visit/care. You're getting this form because this provider or facility isn't in your health plan's network. That means getting care may cost you more. By signing this form, you are acknowledging the potential higher cost. 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. Would you like a copy sent to you ahead of time? How would you like that sent? (email or mail). We will have you sign the form at registration upon your arrival and before your services. (this may need to change if we ask for money before their arrival).

If the patient refuses to sign the acknowledgment: It's important to understand that having this service done with a provider outside your network can result in higher costs. We won't be able to schedule this with an out-of-network provider unless you acknowledge that you may be receive a balance bill. You can contact your health plan to find an in-network provider or facility. If there isn't one, your health plan might be able to work out an agreement that meets your needs.

No Surprise Billing | If Patients Ask

Why are we providing this information to patients now?

New state and federal regulations have gone into effect to protect patients from receiving surprise bills. The laws prohibit surprise billing under certain circumstances and require healthcare organizations to notify patients of these protections, and to provide a good faith estimate of the cost of care.

What is surprise billing?

Surprise billing occurs when a patient goes to facility that is in-network for their healthcare plan but receives out-of-network bills from an individual healthcare professional that provides services at the in-network facility.

What is Price Transparency?

Price transparency is a set of federal regulations aimed at helping patients know the cost of a healthcare item or service before receiving it.

What services does this apply to?

The new Surprise Billing regulations apply to emergency services and to non-emergency services provided by an out of network healthcare professional in 2 settings: at an in-network facility (such as a hospital or ASC) and in an office setting.

The new Price Transparency regulations apply to all patients covered by the Surprise Billing regulations AND Uninsured/Self-Pay Patients.

I have liability / auto / worker's compensation insurance; why am I being considered uninsured?

The guidance we've received from experts tells us to consider anyone who does not have a group health plan as uninsured for the purposes of the No Surprise Billing laws.

What is considered a good-faith estimate (GFE)?

A good-faith estimate is the expected charges for a scheduled or requested item or service, including items or services that are reasonably expected to be provided in conjunction with such scheduled or requested item or service. The GFE represents the best estimate we can give with the information we have at the time.

Where can I get for more information?

More details are on our website at munsonhealthcare.org under Patients and Visitors | Price Transparency.

The billing department or provider office can provide more information about an estimate.

Do you guarantee I will only have to pay the amount estimated?

No, we cannot guarantee a cost. The good faith estimate is just that – an estimate. Sometimes actual costs will vary from the estimate. Many factors can affect the estimate, including changes in the cost of s

drug, errors in benefits quoted by the insurance company, the need for different services or additional testing.