

No Surprise Billing Act

Form #	Title	Who it applies to	How it should be used/offered	Where to get it
12478	MHC Notice of Patient Protections Against Surprise Billing	<ul style="list-style-type: none"> All patients with <u>private</u> health care plans (both ED and ambulatory) Exclusions: <ul style="list-style-type: none"> Does not apply to government programs such as Medicare, Medicaid, VA, and Tricare as these programs have other protections against high medical bills 	<ul style="list-style-type: none"> Post publicly on MHC Website Paper form #12478 provided to all patients with private health plans at all locations (ED and ambulatory) Signage: Post in two prominent locations. <ul style="list-style-type: none"> Post at check-in and checkout locations in the hospital and in ambulatory clinics and provider offices (essentially any location where insurance information and/or payment is collected) by January 1, 2022 	<ul style="list-style-type: none"> Available for ordering in Allscripts/Requisitioning [item #80233] (100/PK, 8.5x11, 2-sided) Posted Publicly on MHC Website https://www.munsonhealthcare.org/patients-visitors/bill-pay/surprise-billing Posted internally on Online Forms (forms.mhc.net) intranet: https://munsonhealthcare.sharepoint.com/sites/MHC-Forms/_layouts/15/DocIdRedir.aspx?ID=MHCFORM-388665950-20366 Posted externally for all providers: https://www.munsonhealthcare.org/for-providers/healthcare-team/forms-for-providers
12479 High usage	MHC Notice of Right to Receive a Good Faith Estimate	<ul style="list-style-type: none"> Uninsured and Self-Pay patients <p>NOTE: "uninsured" includes patients with non-group health plan & non-government coverage, such as health-sharing ministries, workers comp and liability coverage</p> <ul style="list-style-type: none"> Exclusions: <ul style="list-style-type: none"> Does not apply to patients receiving emergency services 	<ul style="list-style-type: none"> Post publicly on MHC Website Paper form #12479/electronic copy provided when scheduling services or when shopping for services Information provided orally when scheduling services or when shopping for services Signage: Post in two prominent locations. <ul style="list-style-type: none"> Post at check-in and checkout locations in the hospital and in ambulatory clinics and provider offices (essentially any location where insurance information and/or payment is collected) by January 1, 2022 	<ul style="list-style-type: none"> Available for ordering in Allscripts/Requisitioning [Item #80231] (100/PK, 8.5x11) Post publicly on MHC Website https://www.munsonhealthcare.org/patients-visitors/bill-pay/good-faith-estimate Posted internally on Online Forms (forms.mhc.net) intranet: https://munsonhealthcare.sharepoint.com/sites/MHC-Forms/_layouts/15/DocIdRedir.aspx?ID=MHCFORM-388665950-20367 Posted externally for all providers: https://www.munsonhealthcare.org/for-providers/healthcare-team/forms-for-providers
12477	MHC Balance Billing Acknowledgement (Use revised form dated 01/22)	<ul style="list-style-type: none"> Ambulatory patients with <u>Private</u> health care plans that are Out-of-Network who agree to balance billing. <ul style="list-style-type: none"> Must also receive GFE form 12480 Exclusions: <ul style="list-style-type: none"> Does not apply to government programs such as Medicare, Medicaid, VA, and Tricare as these programs have other protections against high medical bills Does not apply to patients receiving emergency services or admitted from an Emergency Department 	<ul style="list-style-type: none"> Paper form #12477 (Signed by patient and retained, barcode added for batch scanning.) 	<ul style="list-style-type: none"> Available for ordering in Allscripts/Requisitioning [item #80234] (25/Pack, 3 pages, 2-sided, stapled) Posted internally on Online Forms (forms.mhc.net) intranet: https://munsonhealthcare.sharepoint.com/sites/MHC-Forms/_layouts/15/DocIdRedir.aspx?ID=MHCFORM-388665950-20370 Non-MHC providers can order by faxing request form to 231-947-2436
12480	MHC Detailed Good Faith Estimate (Use revised form dated 01/22)	<ul style="list-style-type: none"> Uninsured, Self-Pay and Out-of-Network patients <ul style="list-style-type: none"> Out-of-Network (cost estimate should include all services reasonably expected to be provided by MHC providers) Uninsured and Self-Pay (cost estimate should include ALL services reasonably expected to be provided by MHC providers; also, identify the expected services (but not a cost estimate) of any independent/non-MHC health care provider/facility) <p>NOTE: "uninsured" includes patients with non-group health plan & non-government coverage, such as health-sharing ministries, workers comp and liability coverage</p> <ul style="list-style-type: none"> Exclusions: <ul style="list-style-type: none"> Does not apply to government programs such as Medicare, Medicaid, VA, and Tricare as these programs have other protections against high medical bills Does not apply to patients receiving emergency services 	<ul style="list-style-type: none"> Paper form #12480 (blank form to be completed by hand) given to patient Change Health (electronic version for facilities that have it) 	<ul style="list-style-type: none"> Available for ordering in Allscripts/Requisitioning [item #80232] (25/Pack, 4 pages, 2-sided, stapled) Posted internally on Online Forms (forms.mhc.net) intranet: https://munsonhealthcare.sharepoint.com/sites/MHC-Forms/_layouts/15/DocIdRedir.aspx?ID=MHCFORM-388665950-20368 Posted externally for all providers: https://www.munsonhealthcare.org/for-providers/healthcare-team/forms-for-providers