

Hospital Information Sheet

Your Rights and Protections Against Surprise Medical Bills

When you receive emergency care or are treated by an out-of-network provider at an in-network hospital, you are protected from surprise billing, also known as 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 have not signed a contract with our health plan. Out-of-network providers may be permitted to bill you for the difference between what 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 cannot 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 cannot be balance billed for these emergency services. This includes services you may get after you are stabilized, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

- **Certain services at an in-network hospital**

When you get services from an in-network hospital certain providers there may be out-of-network. In these cases, the most these 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 cannot 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 cannot balance bill you, unless you give written consent and give up your protections.

You are never required to give up your protections from balance billing. You also are not required to get care out-of-network. You can choose a provider or facility in your plan’s network.

Under the No Surprises Act, you have the right to request and receive a written estimate of the total charges for the hospital non-emergency services, procedures, and supplies that reasonably are expected to be provided and billed for by the hospital.

Maryland-specific balance billing protections

If you are in a Health Maintenance Organization (HMO) governed by Maryland law, you may not be balance billed for services covered by your plan, including ground ambulance services.

If you are in a PPO or EPO governed by Maryland law, hospital-based or on-call physicians paid directly by your PPO or EOP (assignment of benefits) may not balance bill you for services covered under your plan and cannot ask you to waive your balance billing protections.

If you use ground ambulance services operated by a local government provider who accepts an assignment of benefits from a plan governed by Maryland law, the provider may not balance bill you.

When balance billing is not allowed, you also have the following protections:

- You are only responsible for paying your share of the cost, copayment, coinsurance, and deductibles as examples, which 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 in advance (prior authorization).
 - Base what you owe the provider or facility (cost-sharing) on what it would pay in an in-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 services toward your deductible and out-of-pocket limit.

If you have a question or concern about your billing, please contact:

Atlantic General Hospital Patient Financial Services

**10026 Old Ocean City Boulevard #8
Berlin, MD 21811**

Phone: (866) 905-2100

Fax: (410) 641-0417

aghpatientaccounting@atlanticgeneral.org

If you believe you have been wrongly billed, you may contact the Health Education and Advocacy Unit (HEAU) of Maryland's Consumer Protection Division:

Health Education and Advocacy Unit
Office of the Attorney General
200 St. Paul Place, 16th Floor

Phone: (410) 528-1840 or toll-free 1 (877) 261-8807

En espanol: 410-230-1712

Fax: (410) 576-6571

heau@oag.state.md.us

Website: <http://www.marylandattorneygeneral.gov/Pages/CDP/HEAU>

A email can also be sent to the Health Services Cost Review Commission (HSCRC) to hsrc.patient-complaints@maryland.gov

If you believe your health plan processed your claim incorrectly, you may contact the Maryland Insurance Administration:
200 St. Paul Place, Suite 2700
Baltimore, MD 21202
Phone: (410) 468-2000 or toll free 1 (800) 492-6116
Fax: (410) 468-2260

Website: <http://www.insurance.maryland.gov>
Visit <https://www.cms.gov/nosurprises> for more information about your rights under federal law.

Visit marylandattorneygeneral.gov or insurance.maryland.gov for more information about your rights under Maryland law.

About Your Bill

Patient Liabilities and Estimates

Patient liabilities for deductibles, co-insurance and co-payments are due at the time of service. These payments are estimates based on your insurance plan and an average of the expected charge for

your service. The charges on your final bill could differ from the estimate based on the services you actually receive and/or changes in your diagnosis, complications, or other circumstances that require additional tests, procedures, or other services.

Physician charges are not included in the hospital Inpatient or Outpatient bill and are billed separately.

A facility fee may be charged for the use of hospital facilities, clinics, supplies, and equipment, and non-physician services, in addition to physician fees billed for professional services provided in the hospital.

If you cannot afford to pay your bill, an income based, interest-free monthly payment plan is available by calling (866) 905-2100 or by emailing aghpatientaccounting@atlanticgeneral.org

Financial Assistance

Atlantic General Hospital is committed to providing financial assistance and financial counseling for uninsured and under-insured patients without regard to race, color, national origin, gender identity or expression, language, sexual orientation, disability, or social economic status.

For additional information, please call the Financial Counselor at (410) 629-6025, download the application at www.atlanticgeneral.org/FAP, or pick up the application in any of the registration areas. If your family incurs out-of-pocket medical expenses at Atlantic General Hospital that exceed 25% of your household income over the past twelve months, you may be eligible for a Medical Hardship allowance.

Discount Services

A 2% discount is granted for hospital services paid prior to or at the time of service. A 1% discount is granted for services paid within 30 days of service.

If you need help applying for Medical Assistance (Medicaid), please contact our Financial Counselor at (410) 629-6025, or you can the Maryland Health Connection at (855) 642-8572. You may also apply at your local health department or local department of social services.