Louisiana

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at a network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is a balance or surprise bill?
Surprise or balance billing is when an out-of-network provider bills you for more than what your plan pays a network provider for the same care.

Out-of-network providers *may* bill you for more than what your plan pays a network provider for the same kind of care. Out-of-network providers cannot send you an unexpected bill when you cannot choose who treats you. Out-of-network providers who see you in a true health emergency cannot send you a bill for more than what your plan pays. In most cases, out-of-network providers who see you in a network hospital cannot send you a bill for more than what your plan pays without your consent.

You are protected from balance billing for:

- **Emergency services:** If you must get care in a true emergency from an out-of-network provider, the most the provider may bill you is your plan's copayment, coinsurance or deductible for network care. You cannot be balance billed for these emergency services. This includes care you may get after you are in stable condition unless you give written consent and give up your protections not to be balanced billed.

- **Certain services at a network hospital or ambulatory surgical center:** When you get services from a network hospital or ambulatory surgical center, certain providers there may be out-of-network. **In most cases, out-of-network providers who see you in a network hospital (anesthesiologists, emergency room doctors, neonatologists, pathologists, radiologists and others) cannot send you a surprise bill.** These providers may not ask you to give up your protections not to be balance billed.
  If you get other care at these 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.

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

- You are only responsible for paying any copayments, coinsurance or deductible that you would pay if the provider was in your network. Your health plan will pay the out-of-network providers and facilities. Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (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 a 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 network deductible and out-of-pocket limit.

If you believe you have been wrongly billed, you may contact 1-800-985-3059 or visit www.cms.gov/nosurprises for more information about your rights under federal law.