



RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

When you receive emergency care or treatment from an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from “surprise billing” or “balance billing.”

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe out-of-pocket costs such as a copayment, coinsurance, or deductible. If you see a provider or facility that is not in your health plan’s network, you may be responsible for higher costs. Out-of-network providers may bill you for the difference between your plan’s payment and the full amount charged for a service. This is called balance billing. These amounts are often higher than in-network costs and may not count toward your annual out-of-pocket maximum.

A “surprise bill” is an unexpected balance bill. This can occur in situations where you cannot control who is involved in your care. For example, in an emergency, or when you are treated at an in-network facility but unknowingly receive services from an out-of-network provider.

You are protected from balance billing for:

1. Emergency Services

If you have an emergency medical condition and receive services from an out-of-network provider or facility, the most you can be billed is your plan’s in-network cost-sharing amount (such as copayments or coinsurance).

You cannot be balance billed for these emergency services. This protection also applies to post-stabilization services you may receive after your condition is stable, unless you give written consent to waive your protections.

Wisconsin law also prohibits patients from being charged more for emergency services provided by an out-of-network provider than they would pay in-network.

2. Certain services at an in-network hospital or ambulatory surgical center

When you receive care at an in-network facility, some providers may still be out-of-network. In these cases, those providers may not bill you more than your in-network cost-sharing amount.

This applies to common hospital-based services such as:

- **Emergency medicine**
- **Anesthesia**
- **Pathology**
- **Radiology**
- **Laboratory services**
- **Assistant surgeons**

These providers cannot ask you to waive your protections against balance billing.

If you receive other types of services at an in-network facility, out-of-network providers cannot balance bill you unless you give written consent. You are never required to give up these protections and may always choose an in-network provider. Wisconsin law further protects patients by ensuring that if no in-network provider is reasonably available, you cannot be charged more than the in-network cost for necessary services.

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

- You are only responsible for your in-network cost-sharing amounts (copayments, coinsurance, and deductibles).
- Your health plan must pay out-of-network providers and facilities directly.

Your health plan must:

- Cover emergency services without requiring prior authorization.
- Cover emergency services provided by out-of-network providers.
- Base your cost-sharing on the amount it would pay an in-network provider and reflect this in your Explanation of Benefits (EOB).
- Count what you pay toward your deductible and out-of-pocket maximum.

If you believe you’ve been wrongly billed

- You may contact the Wisconsin Office of the Commissioner of Insurance at 1-800-236-8517.
- You may also contact the federal Department of Health and Human Services at 1-800-985-3059.

For more information:

Federal rights: www.cms.gov/nosurprises

Wisconsin rights: oci.wi.gov

⚠ Note: This notice is for informational purposes only and does not replace the actual requirements of federal or Wisconsin law. It is intended to help patients understand their rights and protections against surprise medical billing.