

**INFORMATION FOR MEMBERS OF NEW YORK INSURANCE PLANS –
EMERGENCY SERVICES AND SURPRISE BILLS**

What is a surprise bill?

A surprise bill is a bill you receive for covered services performed by a non-participating (out-of-network) health care provider in the following circumstances:

1. The out-of-network provider performs services at a participating (network) hospital or ambulatory surgery center and network doctor is not available at the time the health care service was performed; or an out-of-network provider performs services without your knowledge.
2. A network provider refers you to an out-of-network provider without your written consent. If your plan does not require referrals, a surprise bill only occurs in limited circumstances.

A surprise bill does not include a bill for health care services when you choose to see an out-of-network provider.

If I get a surprise bill or a bill for emergency services?

If you receive a bill from an out-of-network provider and believe it is a surprise bill or a bill for emergency services, do not pay the provider. Call the phone number on your health plan ID card. We may request that you submit additional information needed to determine whether it is a surprise bill. If you receive a surprise bill, you will need to fill out and submit the New York Surprise Bill Assignment of Benefits Form.

Where should I send the New York Assignment of Benefits form?

Please send the completed New York Assignment of Benefits form and a copy of the bill to the address listed on your health plan ID card.

What is the independent dispute resolution process?

New York Department of Financial Services will select an independent dispute resolution entity (IDRE) to review claims for emergency services and surprise bills if the payment amount cannot be agreed upon. The IDRE will determine the reasonable fee for the services. A dispute may be submitted to the IDRE for review by a health care plan, an out-of-network physician, an out-of-network referred health care provider, or an insured who does not assign benefits by completing the application available at: dfs.ny.gov/consumer/health/IDR_Patient_Application.pdf.

New York State Out-of-Network ‘Surprise Medical Bill’ Assignment of Benefits Form

Use this form if you receive a surprise bill for health care services and want the services to be treated as in network. To use this form, you must: (1) fill it out and sign it; (2) send a copy to your health care provider (include a copy of the bill or bills); and (3) send a copy to your insurer (include a copy of the bill or bills). If you don’t know if it is a surprise bill, you may contact the New York Department of Financial Services at 1-800-342-3736 or health care insurer.

A ‘surprise bill’ is when:

1. You received services from an out-of-network provider at an in-network hospital or ambulatory surgical center, where an in-network provider was not available; or an out-of-network provider provided services without your knowledge; or unforeseen medical circumstances arose at the time the services were provided. You did not choose to receive services from an out-of-network provider instead of from an available in-network provider; OR
2. You were referred by an in-network provider to an out-of-network provider, but you did not sign a written consent that you knew the services would be out-of-network and would result in costs not covered by your insurer/health care plan. A referral occurs: (1) during a visit with your in-network provider, an out-of-network provider treats you; or (2) your in-network provider takes a specimen from you in the office and sends it to an out-of-network laboratory or pathologist; or (3) for any other health care services when referrals are required under your health care plan.

You may have already received, completed, delivered or filed the below with the Provider.

I assign my rights to payment to my provider and I certify to the best of my knowledge that:

I (or my dependent) received a surprise bill from a health care provider. I want the provider to seek payment for this bill from my insurance company (this is an “assignment”). I want my health insurer to pay the provider for any health care services I or my dependent received that are covered under my health insurance. With my assignment, the provider cannot seek payment from me, except for any copayment, coinsurance or deductible that would be owed if I, or my dependent, used an in-network provider. If my insurer paid me for the services, I agree to send the payment to the provider.

Your Name: _____

Your Address: _____

Insurer Name: _____

Your Insurance ID No.: _____

Provider Name: _____

Provider Address: _____

Provider Telephone Number: _____ **Date of Service:** _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000.00) and the stated value of the claim for each such violation.

(Patient’s Signature)

(Date of Signature)