

Notice to Patients - Your Rights and Protections Against Surprise Medical Bills

Certain federal and state laws provide patients protections against “Surprise Medical Bills” and “Balance Billing.”

If you have insurance and you receive emergency care from a hospital, physician or other clinical professional who is not in your health plan’s network, you have protections against bills in excess of the in-network rate.

If you have insurance and receive in-network care at a Huntington licensed facility but some part of the care is from a physician or other clinical professional who is not in your network, you likely have additional protections depending on your health plan.

If you receive emergency services at Huntington Hospital and you are not insured, our policy is to provide financial assistance to patients whenever possible. We will reach out to you to discuss our financial assistance programs. If you are admitted, we will work to ensure that you understand your rights and financial options.

We want you to feel comfortable asking your physician about whether s/he is in or out of network and for clear information on your anticipated out-of-pocket costs.

What is the concern over “surprise billing” or “balance billing”?

There are a variety of situations where a patient will receive a bill that is not expected or understandable. Federal and California laws have been enacted to help protect patients from receiving care from physicians they did not choose who are also not in the patient’s network and thus whose services are not billed at the health plan’s in-network rate.

Emergency services and related care:

If you get emergency services from an out-of-network physician or facility, the most the physician or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

When Huntington Hospital is In-Network but a physician or other clinical professional is not:

Huntington Hospital contracts with many health plans. When we are contracted, you still may be seen by a physician or other licensed clinician who does not have a contract with your health plan. In these cases, the most those clinical professionals may bill you is your plan's in-network cost-sharing amount. These physicians can't balance bill you unless you give written consent to be billed at a higher out-of-network rate. The consent forms should clearly explain that consenting means you give up your protections. You should not feel pressured to enter into these consents. You should feel free to ask that physician questions about your expected out-of-pocket costs and to request from your insurance a referral to a licensed clinician who is in-network.

If you want to confirm whether Huntington Hospital is an in-network facility under your health plan, please contact: (800) 690-0069

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. Other than when you are taken to an emergency room, you can generally choose a physician or facility in your plan's network.

If you believe you've been wrongly billed or want additional information, you may contact any of the following:

- The physician or facility who sent you the bill. For bills from Huntington, contact numbers will be on your bill.
- Your health plan.
- The federal CMS agency overseeing this has this informational site: <https://www.cms.gov/nosurprises/consumers>
- CMS also offers the following hotline for complaints: 1-800-985-3059
- If you would like an electronic or paper copy of this Notice, please contact (800) 690-0069.



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