

No Surprises Act Statement

The No Surprises Act aims to protect consumers from unexpected medical bills, especially in situations where they receive care from out-of-network providers. Here is a summary:

- **Out-of-Network Emergency Care:** If you need emergency medical care, you won't be charged extra for going to an out-of-network hospital or emergency room.
- **Surprise Medical Bills:** If you receive care from an out-of-network provider at an in-network facility, you're protected from surprise bills. You'll only be responsible for your in-network cost-sharing amounts.
- **Advance Notice of Network Status:** Before scheduled care, providers must inform you if they're out-of-network and provide estimates of costs.
- **Dispute Resolution:** If there's a billing dispute between your insurer and a provider, an independent dispute resolution process will be used to settle the matter, keeping you out of the middle.

Washington State Balance Billing Law(s):

Washington state also has laws addressing balance billing, which is when you're charged the difference between what your insurance pays and the total bill. Here is a summary:

- **Emergency Services:** If you receive emergency services, you should only be responsible for your in-network cost-sharing, regardless of whether the provider is in-network or not.
- **Notice of Network Status:** Similar to the No Surprises Act, providers must inform you of their network status before scheduled care and provide cost estimates.
- **Good Faith Estimates:** Providers must give you a good faith estimate of the cost of non-emergency services, including facility and professional fees.
- **Limit on Balance Billing:** In certain situations, providers are limited in how much they can bill you for out-of-network services. You won't be responsible for amounts beyond what your in-network cost-sharing would be.