

**SUBJECT: NO SURPRISE BILLING**

**PURPOSE:**

The No Surprise Billing policy aims to establish guidelines that comply with federal laws for ASCs that render out-of-network services.

**POLICY:**

The Emergency Medical Services and Surprise Bill law protects consumers against unknowingly receiving care from out-of-network providers and facing surprise medical bills. The center will disclose to patients in the health plan networks participated in the health professionals rendering services at the center, the hospital with which the health care professionals are affiliated, and the fees that may not be covered by the patient's specific health care plan, for which the patient may be charged.

**Procedure**

1. A list of providers that perform procedures at the facility is available upon request. This includes information on how a patient can determine if the facility participates in the patient's health care plan.
2. The names of the health plans the facility participates in are posted and are readily available upon request.
3. The names of the hospitals which the facility physicians are affiliated with are available upon request.
4. If the patient's insurance is not in-network, the facility will disclose notice to the patient before the provision of services. Verbal disclosure will be made to patients and prospective patients at the time an appointment is scheduled to include which health care plans the facility and health care professional participate with.
5. The amount or estimated amount for facility services, or the fee schedule, is available upon request and will be provided in writing to the patient.
6. The facility will obtain written consent for patients with out-of-network insurance.