

COLORADO SURPRISE/BALANCE BILLING DISCLOSURE

Surprise Billing – Know Your Rights Beginning January 1, 2020, Colorado state law protects you* from “surprise billing,” also known as “balance billing.” These protections apply when:

- You receive covered emergency services, other than ambulance services, from an out-of-network provider in Colorado, and/or
- You unintentionally receive covered services from an out-of-network provider at an in-network facility in Colorado

What is surprise/balance billing, and when does it happen? If you are seen by a health care provider or use services in a facility or agency that is not in your health insurance plan’s provider network, sometimes referred to as “out-of-network,” you may receive a bill for additional costs associated with that care. Out-of-network health care providers often bill you for the difference between what your insurer decides is the eligible charge and what the out-of-network provider bills as the total charge. This is called “surprise” or “balance” billing.

When you CANNOT be balance-billed: Emergency Services: If you are receiving emergency services, the most you can be billed for is your plan’s in-network cost-sharing amounts, which are copayments, deductibles, and/or coinsurance. You cannot be balance-billed for any other amount. This includes both the emergency facility where you receive emergency services and any providers that see you for emergency care. Nonemergency Services at an In-Network or Out-of-Network Health Care Provider: The health care provider must tell you if you are at an out-of-network location or at an in-network location that is using out-of-network providers. They must also tell you what types of services that you will be using which may be provided by any out-of-network providers. You have the right to request that in-network providers perform all covered medical services. However, you may have to receive medical services from an out-of-network provider if an in-network provider is not available. In this case, the most you can be billed for covered services is your in-network cost-sharing amount, which are copayments, deductibles, and/or coinsurance. These providers cannot balance bill you for additional costs.

Additional Protections

- Your insurer will pay out-of-network providers and facilities directly.
- Your insurer must count any amount you pay for emergency services or certain out-of-network services (described above) toward your in-network deductible and out-of-pocket limit.
- Your provider, facility, hospital, or agency must refund any amount you overpay within sixty days of being notified.
- No one, including a provider, hospital, or insurer can ask you to limit or give up these rights.

If you receive services from an out-of-network provider or facility or agency in OTHER situations, you may still be balance billed, or you may be responsible for the entire bill. If you intentionally receive nonemergency services from an out-of-network provider or facility, you may also be balance billed. If you want to file a complaint against your health care provider, you can submit an online complaint by visiting this website: https://www.colorado.gov/pacific/dora/DPO_File_Complaint.

If you think you have received a bill for amounts other than your copayments, deductible, and/or coinsurance, please contact the billing department, or the Colorado Division of Insurance at 303-894-7490 or 1-800-930-3745. Please contact your health insurance plan at the number on your health insurance ID card or the Colorado Division of Insurance with questions.

*This law does NOT apply to ALL Colorado health plans. It only applies if you have a “CO-DOI” on your health insurance ID card.

ACKNOWLEDGEMENT OF RECEIPT OF COLORADO SURPRISE/BALANCE BILLING DISCLOSURE

This document is to be signed by the patient or a person legally responsible for the patient’s medical decisions relative to the treatment situation.

I, (print name)

_____, hereby acknowledge that [clinic name] has provided me with a copy of the Colorado Surprise/Balance Billing Disclosure.

My signature below indicates that I understand that [clinic name] is an out-of-network facility which does not participate with any insurance providers. I further understand that all of the services I receive at [clinic name] will be performed by out-of-network providers.

Signature

Relationship to Patient (if signed by someone other than patient)

Date

THIS SECTION IS TO BE COMPLETED BY NATUREMED IF UNABLE TO OBTAIN WRITTEN
ACKNOWLEDGEMENT FROM PATIENT

I made a good faith effort to obtain a written acknowledgment of receipt of the Colorado Surprise/Balance Billing Disclosure from the above-named patient, but was unable to because:

Patient declined to sign this Written Acknowledgement

Other (specify): _____
