

No Surprises Act

The federal **No Surprises Act** became effective January 1, 2022. The law aims to help patients understand health care costs in advance of care and to minimize unforeseen — or surprise — medical bills.

No Surprises Act Overview

- Patients are protected from receiving [surprise medical bills](#) resulting from out-of-network care for emergency services and for certain scheduled services without prior patient consent.
- Patients who **do not have insurance** or who are **not using insurance** to pay for care have a right to [receive a good faith estimate](#) of their potential bill for medical services when scheduled at least three days in advance.
- *Individuals with Medicare, Medicare Advantage, Medicaid, Indian Health Services, VA health care, or TRICARE insurance plans are not covered under the No Surprises Act because these federal insurance programs have existing protections in place to minimize large, unforeseen bills.*

Surprise Medical Bills

Unforeseen medical bills can happen when a patient receives emergency or scheduled clinical care or services from a provider or facility that is considered out

of network or non-participating by that patient's insurance plan. These surprise bills are often called **balance billing** or **out-of-network billing**.

- **Balance billing** occurs when a provider sends a bill to a patient to cover the difference between what the insurance plan agreed to pay the provider and the full cost for a service. Learn more about your rights for balance billing.
- **Out-of-network costs** happen when a patient receives care from a facility or provider not participating in that patient's insurance plan. This may result in a higher patient cost than if the patient were seen by an in-network provider or facility.

*The No Surprises Act will reduce instances where patients face unexpected medical bills due to receiving care from an out-of-network facility or provider during an emergency. Similarly, patients are protected from receiving surprise bills for certain scheduled services for which they could not reasonably know the network status of a provider. For certain scheduled care with out-of-network providers, patients must be given appropriate notice and give approval, where applicable, **to be billed for any applicable out-of-network fee or amount.***