



NO SURPRISES ACT

Under the No Surprises Act which went into effect on 1/1/2022, patients are entitled to certain notifications from providers as follows below:

Good Faith Estimates

If you have no insurance or are electing to have a procedure provided without using your insurance, you are considered "Self Pay" and are eligible to receive a Good Faith Estimate for services you will be provided.

No Surprises Act

If you are being seen at an "In Network" facility (your hospital or doctors' office) and have services provided by an "Out of Network" provider (pathology, radiology, anesthesiology, etc.), the No Surprises Act offers you certain protections prohibiting the provider from "balance billing" for their services, requiring disclosure of balance billing protections, and requiring transparency around healthcare costs.

These requirements generally apply to items and services provided to consumers enrolled in group health plans, group or individual health insurance coverage, and Federal Employees Health Benefit plans. The requirements for transparency of health care costs and the requirements related to the patient-provider dispute resolution process also apply to uninsured consumers.

These requirements do not apply to people with coverage through programs like Medicare, Medicaid, Indian Health Service, Veterans Affairs Health Care or TRICARE. These programs have other protections against high medical bills.

What is "balance billing"

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs such as a copayment, coinsurance, and/or a deductible. You also may have other costs or have to pay the entire bill if you receive care from a provider that is "out-of-network" for your health plan's network.

"Out-of-network" means the provider has not signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan agreed to pay and the full amount charged to the plan for a service. This is called "balance billing." This amount may be more than the in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care-like when you have an emergency or when you schedule a visit at an in-network facility but you are unexpectedly treated by an out-of-network provider that you do not or cannot choose.

Dahl-Chase participates with most major insurances in Maine. Here is a short list of those insurances:

- Anthem BC/BS of Maine
- Martin's Point Health Care
- Aetna-US Healthcare
- Wellcare Health Plan
- Cigna

There are many other insurances/TPA's that we participate with and a full list can be found on the department link below entitled In-Network Insurance. **If your insurance is considered "In Network", then the provisions of the No Surprises Act do not apply.**

Programs such as Medicare, Medicaid (Mainecare), Indian Health Service, Veterans Affairs Health Care and/or TRICARE also have other protections against high medical bills.

If you would like a Good Faith Estimate or have questions about any of the information in this notice, please call Dahl-Chase at 207-561-2403 or 1-800-339-7351 and tell them you need to speak to someone about the No Surprises Act.

Visit <https://www.cms.gov/nosurprises> or call their Help Desk at 1-800-985-3059 for more information about your rights under federal law.