

# 意外医疗账单和差额计费 — 您享有的权利和保护

当您在网络内医院或门诊手术中心接受网络外服务提供者提供的紧急护理或治疗时，您受到保护，不必为意外计费或差额计费担忧。

## 什么是“差额计费”（有时称为“意外计费”）？

当您接受医生或其他保健服务提供者提供的服务时，您可能需要支付某些自付费用，例如共付额、共同保费和/或免赔额。如果服务提供者或保健设施不在您的保健计划网络内，您可能需要支付其他费用，甚至必须支付全部费用。

“网络外”是指未与您的保健计划签约的服务提供者和设施。可能允许网络外服务提供者就某项服务您的计划同意支付的费用与全额费用之间的差额向您收费，这称为“差额计费”。此金额可能超过基于相同服务收取的网络内费用，并且可能不计入您的年度自付费用限额。

“意外计费”是一种患者没有想到的差额收费。当您无法控制谁参与您的护理时，可能会发生这种情况，例如您遇到紧急情况，或者您被安排在网络内设施就诊但意外地由网络外服务提供者提供治疗。

按照规定，保险公司必须通过他们的网站或者应您的请求告诉您，他们的网络中有哪些服务提供者、医院和设施。医院、手术中心和服务提供者必须在其网站上或者应您的请求告诉您他们参加了哪些服务提供者网络。

您在下列情况下受到保护，不必为差额计费担忧：

### 急诊服务

如果您发生紧急医疗状况，并从网络外服务提供者或设施接受急诊服务，则服务提供者或设施可向您收取的最高费用是您的保健计划的网络内费用分摊金额（例如共付额和共同保费）。服务提供者或设施不得就其急诊服务向您发送差额账单。这包括您在病情稳定后可能接受的服务，除非您通过签署同意书放弃您所享有的保护，他们不能就这些病情稳定后的服务向您收取差额费用。

### 在网络内医院或门诊手术中心提供的某些服务

当您在网络内医院或门诊手术中心接受服务时，那里的某些服务提供者可能是网络外服务提供者。在这种情况下，这些服务提供者可向您收取的最高费用是您的保健计划的网络内费用分摊金额。这适用于急诊、麻醉、病理学、放射学、化验、新生儿学、外科医生和助理外科医生、住院医生或重症监护服务。这些服务提供者不得向您发送差额账单，也不得要求您放弃您就差额计费所享有的保护。

如果您在这些网络内设施接受其他服务，网络外服务提供者不得向您发送差额账单，除非您通过签署同意书放弃您所享有的保护。

### 免费口译服务

- 在医院内，询问您的护士。
- 在医院外，拨打免费家庭口译专线电话 1-866-583-1527。将您需要通话的人的姓名或手机号码告诉口译员。

您在任何情况下都不需要放弃您就差额计费所享有的保护。任何人也不得要求您在网络外接受医疗护理服务。您可以选择您的保健计划网络内的服务提供者或设施。

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在不允许差额计费的情况下，您还享有以下保护：

- 您只负责支付您的费用分摊（例如，服务提供者或设施在网络内时由您支付的共付额、共同保费和免赔额）。您的保健计划将直接向网络外服务提供者和设施支付费用。
  - 您的保健计划通常必须：
    - 为急诊服务付费，您无须获得事先批准（事先授权）。
    - 为网络外服务提供者提供的急诊服务付费。
    - 根据您对服务提供者或设施的欠款（费用分摊）确定网络内的支付金额，并在您的福利说明中列出该金额。
    - 将您为急诊服务或网络外服务支付的任何金额计入您的免赔额和自付费用限额。
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如果您认为自己被错误地计费

如果您认为自己被错误地计费，您可以向联邦政府投诉：

- 网站：[cms.gov/nosurprises/consumers](https://www.cms.gov/nosurprises/consumers)
- 电话：1-800-985-3059

您也可以向华盛顿州保险专员办公室提出投诉：

- 网站：[insurance.wa.gov/file-complaint-or-check-your-complaint-status](https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status)
- 电话：1-800-562-6900

如果您希望进一步了解联邦法律赋予您的权利，请访问网站：[cms.gov/nosurprises](https://www.cms.gov/nosurprises)

如果您希望进一步了解华盛顿州法律赋予您的权利，请访问保险专员《差额计费保护法案》办公室网站：[insurance.wa.gov/what-consumers-need-know-about-surprise-or-balance-billing](https://www.insurance.wa.gov/what-consumers-need-know-about-surprise-or-balance-billing)

# Your Rights and Protections Against Surprise Medical Bills and Balance Billing

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When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

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## What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other healthcare provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a healthcare facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay, and the full amount charged for a service. This is called “balance billing.” This amount is likely more than 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 are unexpectedly treated by an out-of-network provider.

Insurers are required to tell you, via their websites or on request, which providers, hospitals and facilities are in their networks. Hospitals, surgical facilities and providers must tell you which provider networks they participate in on their website or on request.

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## You are protected from balance billing for:

### Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

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### Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, surgeons and assistant surgeons, hospitalists, or intensivist services. These providers can't balance bill you and cannot ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

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### Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

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### When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
  - Your health plan generally must:
    - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
    - Cover emergency services by out-of-network providers.
    - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
    - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.
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### If you believe you've been wrongly billed

If you believe you've been wrongly billed, you may file a complaint with the federal government:

- Visit [cms.gov/nosurprises/consumers](https://cms.gov/nosurprises/consumers)
- Call 1-800-985-3059

And/or you may file a complaint with the Washington State Office of the Insurance Commissioner:

- Visit [insurance.wa.gov/file-complaint-or-check-your-complaint-status](https://insurance.wa.gov/file-complaint-or-check-your-complaint-status)
- Call 1-800-562-6900

Visit [cms.gov/nosurprises](https://cms.gov/nosurprises) for more information about your rights under federal law.

Visit the Office of the Insurance Commissioner Balance Billing Protection Act website at [insurance.wa.gov/what-consumers-need-know-about-surprise-or-balance-billing](https://insurance.wa.gov/what-consumers-need-know-about-surprise-or-balance-billing) for more information about your rights under Washington state law.