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Patient Identification Label	
Name	_____
MRN	_____
DOB	_____
Date of service	_____

Surprise Billing Disclosure

What is surprise billing?

If you are seen by a provider or use services in a facility or agency that is **not** in your health insurance plan’s provider network, referred to as “out-of-network,” you may receive a bill for additional costs associated with that care. Out-of-network facilities or agencies often bill you the difference between what your insurer decides is the eligible charge and what the out-of-network provider bills as the total charge. Under Colorado law this is defined as balanced billing and is commonly called “surprise billing.”

On Jan. 1, 2020, a new state law went into effect to protect you from surprise billing. These protections apply when:

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

This law only applies if you have a “CO_DOI” on your health insurance ID card and you are receiving care and services provided at a regulated facility or agency in Colorado.

When you CANNOT be balance-billed

Emergency Services. If you are receiving emergency services, you can only be billed for your plan’s in-network cost-sharing amounts, which are copayments, deductibles, and/or coinsurance. You cannot be billed for anything else. This applies only to services related to and billed as an “emergency service”.

Non-emergency Services at an In-Network or Out-of-Network Facility. Facility or agency staff must tell you if you are at an out-of-network location or if they are using out-of-network providers when known. Staff must also tell you what types of services you will be using that might be provided by an out-of-network provider.

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 unavailable. If your insurer covers the service, you can only be billed for your in-network cost-sharing amount, which are copayments, deductibles, and/or coinsurance.

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 toward your in-network deductible and out-of-pocket limit.
- The provider or facility or agency must refund any amount you overpay within 60 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 any OTHER situation, you may still be surprise billed, or you may be responsible for the entire bill. If you intentionally receive non-emergency services from an out-of-network provider or facility or agency, you may also be surprise billed.

If you think you have received a bill for amounts other than your copayments, deductible, and/or coinsurance, please contact the facility’s or agency’s billing department, or the Colorado Division of Insurance at 303.894.7499 or 1.800.930.3745.

My signature acknowledges receiving this notice and does not waive my rights under the law.

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM.

Name of patient (printed)

Relationship to patient

Signature of patient or legally authorized representative

Date

Time