INSURED AMERICAN af FAMILY

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Surprise Billing Protections

What the No Surprises Act covers, and what slips through

Federal law has your back. Sometimes.

WHAT IT IS

The No Surprises Act (NSA), in effect since January 2022, protects you from many of the worst surprise medical bills, situations where you couldn't reasonably have known a provider was out-of-network. But the law has specific limits. Knowing what's covered AND what slips through is the difference between a refund and a year of debt collection.

WHAT'S PROTECTED

Emergency room care
Any ER, in or out of network

Air ambulance
Fully covered under NSA

Out-of-network at in-net facility
Anesthesia, radiology, ER docs you didn't pick

Post-stabilization care
Without proper written consent + notice

Non-shopable urgent care
Situations where you couldn't compare providers

WHAT SLIPS THROUGH

Ground ambulance
Still NOT NSA-protected (federal gap)

Out-of-network you chose
Voluntary out-of-network is on you

Signed consent waivers
Providers may ask, don't sign at front desk

Pre-2022 balance bills
NSA doesn't apply retroactively

"Ancillary" non-protected services
Not every line item is covered

THE 3 THINGS PEOPLE GET WRONG

1. **"If I go to the ER, everything is covered at in-network rates."**
   The ER visit itself is, emergency services are the headline protection. But ground ambulance is NOT NSA-protected. If you took an ambulance to that ER, you can still get hit with a $1,500–$5,000 balance bill from the transport company. And if you're admitted for a planned non-emergency, different rules apply.

2. **"If a provider hands me a waiver, I should sign it."**
   NO. In some situations providers can present a "Notice and Consent" form asking you to agree to be balance-billed. Signing waives your NSA protections. Don't sign anything at the front desk you don't fully understand. Walk in expecting in-network rates, the burden is on the provider to deliver them under NSA-protected scenarios.

3. **"If I get a surprise bill, I have to pay it."**
   You have a right to dispute. Within 120 days of receiving the bill, request an Independent Dispute Resolution (IDR) through the federal portal or your state's process. Insurance must process the dispute and the provider cannot send you to collections during that window. Most balance bills get reduced or written off when patients formally dispute.

IF YOU GET A SURPRISE BILL, THE 5-STEP RESPONSE

(1) Don't pay it. Don't ignore it. Don't acknowledge owing it. (2) Within 30 days, request an itemized bill and a copy of the Notice and Consent form (if any) you supposedly signed. (3) Compare every line item to your EOB. Note which charges are NSA-protected. (4) File an IDR dispute through cms.gov/nosurprises or your state DOI portal within 120 days. (5) Loop in your insurance and the provider's billing office in writing, emails or letters, not just calls. Most cases settle in 60–90 days. The system works, but ONLY if you initiate the dispute.

Got hit with a surprise medical bill? Call or text Craig, I'll help you figure out if NSA applies and walk you through the dispute process.

Don't go underinsured when you can be Insured AF.