

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

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

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

“Out-of-network” means providers and facilities that haven't 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 pays 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 plan's deductible or 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. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

IMPORTANT! PLEASE READ! For out-of-network services, Life Restoration and Wellness, L.L.C. does balance bill. This means that you will be responsible for the difference between our fees for services, and the amount your insurance covers. The following examples are designed to provide general guidance, and may or may not reflect the actual cost of services at Life Restoration and Wellness, L.L.C.

Example 1:

An appointment is priced at \$225.00. Your Out-Of-Network insurance plan covers 50% of that service (\$112.50). You would be responsible to pay for the other 50% that is **not** covered by your insurance (\$112.50).

Example 2:

A 60-minute therapy session is priced at \$195.00. Your Out-Of-Network insurance plan covers 80% of the cost after your \$1,000.00 deductible is met. You would be responsible for the full amount of therapy until your deductible is met, then 20% (\$39.00) of the balance of each appointment.

It is extremely important that you clearly understand your out-of-network benefits prior to beginning therapy. You are also entitled to a Good Faith Estimate for services based on your particular insurance plan. Please contact us directly so we can provide you with one.

You're 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 they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). 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.

****Life Restoration and Wellness L.L.C does NOT provide emergency services. This clause does not apply to your services at Life Restoration and Wellness, L.L.C.****

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 can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other types of 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.

****You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. Both these choices are strictly voluntary, and entirely your choice. You can choose a provider or facility in your plan's network.****

****Life Restoration and Wellness L.L.C is NOT a hospital or ambulatory surgery center, and does not provide these types of services. This clause does not apply to your services at Life Restoration and Wellness, L.L.C.****

When balance billing isn't allowed, you also have these protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
 - o Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
 - o Cover emergency services by out-of-network providers.
 - o 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.
 - o Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit. **If you think you've been wrongly billed, please contact us first directly so we may try to remedy the situation.** You may also choose to contact the federal phone number for information and complaints: 1-800-985-3059.Visit www.cms.gov/nosurprises/consumers for more information about your rights under federal law.