

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.

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 balanced billed for these post-stabilization services.

See the attached chart for “Balance Billing Laws by State” for protections provided at the state-level where they exist.

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. You can choose a provider or facility in your plan's network.

See the attached chart for "Balance Billing Laws by State" for protections provided at the state-level where they exist.

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:
 - Cover emergency services without requiring you to get approval for services in advance (also known as "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 in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed, call the phone number for the federal "No Surprises" help desk for information and complaints at 1-800-985-3059. Please reference the "Balance Billing Laws by State" for state-level contact information.

Visit www.cms.gov/nosurprises/consumers for more information about your rights under federal law. Please reference the "Balance Billing Laws by State" for state-level contact information.

Balance Billing Laws by State*
(where they exist)

State	State Contact Information	Emergency Services	Certain services at an in-network hospital or ambulatory center
Arizona	<p>Arizona Department of Insurance and Financial Institutions 100 N. 15th Avenue, Suite 261 Phoenix, AZ 85007-2630</p> <p>Insurance Division Main: (602) 364-3100 Toll-free: (800) 325-2548 Email: soonbdr@difi.az.gov</p> <p>Website: https://insurance.az.gov/what-surprise-bill</p>	<p>The Arizona Senate Bill 1441, signed on April 24, 2017 by Governor Ducey, amends Title 20 of the Insurance Law, Section 20-3102 by adding Article 2 “out-of-network claim dispute resolution.” S.B. 1441 provides that an enrollee may dispute the amount of the bill by a dispute resolution process so long as the enrollee meets a threshold amount for out of pocket cost-sharing of at least \$1,000. The process starts with an informal teleconference, but may proceed to final binding arbitration, if requested, and certain criteria are met. The Bill also includes a disclosure requirement that, if acknowledged by the patient, will preclude dispute resolution and permit balance billing.</p> <p>https://www.swlaw.com/blog/health-law-checkup/2017/06/08/arizona-enacts-surprise-out-of-network-balance-billing-law/</p>	<p>The Arizona Senate Bill 1441, signed on April 24, 2017 by Governor Ducey, amends Title 20 of the Insurance Law, Section 20-3102 by adding Article 2 “out-of-network claim dispute resolution.” S.B. 1441 provides that an enrollee may dispute the amount of the bill by a dispute resolution process so long as the enrollee meets a threshold amount for out of pocket cost-sharing of at least \$1,000. The process starts with an informal teleconference, but may proceed to final binding arbitration, if requested, and certain criteria are met. The Bill also includes a disclosure requirement that, if acknowledged by the patient, will preclude dispute resolution and permit balance billing.</p> <p>https://www.swlaw.com/blog/health-law-checkup/2017/06/08/arizona-enacts-surprise-out-of-network-balance-billing-law/</p>
California	<p>California Department of Insurance Consumer Services and Market Conduct Branch Consumer Services Division 300 South Spring Street, South Tower Los Angeles, CA 90013</p> <p>Phone: 1-800-927-4357</p> <p>Website: https://www.insurance.ca.gov/01-consumers/110-health/60-resources/NoSurpriseBills.cfm</p>	<p>The law protects consumers from surprise medical bills when an enrollee receives emergency services from a doctor or hospital that is not contracted with the patient's health plan or medical group. This consumer protection makes sure health plan enrollees only have to pay their in-network cost sharing (co-pays, co-insurance or deductibles). Providers cannot bill consumers more than their in-network cost sharing.</p> <p>https://dmhc.ca.gov/portals/0/healthcareincalifornia/factsheets/fsab72.pdf</p>	<p>The law protects consumers from surprise medical bills when an enrollee goes to an in-network facility such as a hospital, lab or imaging center, but services are provided by an out-of-network health provider. This consumer protection makes sure health plan enrollees only have to pay their in-network cost sharing (co-pays, co-insurance or deductibles). Providers cannot bill consumers more than their in-network cost sharing.</p> <p>https://dmhc.ca.gov/portals/0/healthcareincalifornia/factsheets/fsab72.pdf</p>
Colorado	<p>Colorado Department of Regulatory Agencies Colorado Division of Insurance 1560 Broadway, Suite 850 Denver, CO 80202</p> <p>Phone: 303-894-7499 Toll free outside the Denver Metro Area: 800-930-3745 Email: dora_insurance@state.co.us</p> <p>Website: https://doi.colorado.gov/insurance-products/health-insurance/health-insurance-legislation/out-of-network-health-care</p>	<p>If a covered person receives emergency services at an out-of-network facility, the out-of-network facility shall submit a claim for the entire cost of the services to the covered person's carrier; and not bill or collect payment from a covered person for any outstanding balance for covered services not paid by the carrier, except for the applicable in-network coinsurance, deductible, or copayment amount required to be paid by the covered person.</p> <p>http://leg.colorado.gov/sites/default/files/2019a_1174_signed.pdf</p>	<p>If an out-of-network health care provider provides covered nonemergency services to a covered person at an in-network facility, the out-of-network provider shall submit a claim for the entire cost of the services to the covered person's carrier; and not bill or collect payment from a covered person for any outstanding balance for covered services not paid by the carrier, except for the applicable in-network coinsurance, deductible, or copayment amount required to be paid by the covered person.</p> <p>http://leg.colorado.gov/sites/default/files/2019a_1174_signed.pdf</p>

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Balance Billing Laws by State*
(where they exist)

State	State Contact Information	Emergency Services	Certain services at an in-network hospital or ambulatory center
Connecticut	<p>Connecticut State Office of the Healthcare Advocate P.O. Box 1543 Hartford, CT 06144</p> <p>866-466-4446 Fax: 860-331-2499 Email: Healthcare.advocate@ct.gov</p> <p>Website: https://portal.ct.gov/OHA/ODCO/About-Us/About-OHA</p>	<p>No health carrier shall impose, for emergency services rendered to an insured by an out-of-network health care provider, a coinsurance, copayment, deductible or other out-of-pocket expense that is greater than the coinsurance, copayment, deductible or other out-of-pocket expense that would be imposed if such emergency services were rendered by an in-network health care provider.</p> <p>https://www.cga.ct.gov/2015/act/pa/pdf/2015PA-00146-R00SB-00811-PA.pdf (p18)</p>	<p>"Surprise bill" means a bill for health care services, other than emergency services, received by an insured for services rendered by an out-of-network health care provider, where such services were rendered by such out-of-network provider at an in-network facility, during a service or procedure performed by an in-network provider or during a service or procedure previously approved or authorized by the health carrier and the insured did not knowingly elect to obtain such services from such out-of-network provider.</p> <p>With respect to a surprise bill: (1) An insured shall only be required to pay the applicable coinsurance, copayment, deductible or other out-of-pocket expense that would be imposed for such health care services if such services were rendered by an in-network health care provider; and (2) A health carrier shall reimburse the out-of-network health care provider or insured, as applicable, for health care services rendered at the in-network rate under the insured's health care plan as payment in full, unless such health carrier and health care provider agree otherwise.</p> <p>https://www.cga.ct.gov/2015/act/pa/pdf/2015PA-00146-R00SB-00811-PA.pdf (p19)</p>
Delaware	<p>Delaware Department of Insurance Consumer Services Division 1351 West North Street, Suite 101 Dover, DE 19904</p> <p>Phone: (302) 674-7310 In-State: (800) 282-8611 Fax: (302) 739-6278</p> <p>Email: consumer@delaware.gov</p>	<p>When emergency care services are performed by non-network providers, the insurer shall make acceptable service arrangements with the provider and enrollee, and shall prohibit balance billing. In those cases where the MCO and the provider cannot agree upon the appropriate charge, the provider may petition the Department for arbitration.</p> <p>https://regulations.delaware.gov/AdminCode/title18/1400/1403.shtml</p>	<p>An insurer shall allow referral to a non-network provider, upon the request of a network provider, when medically necessary covered health services are not available through network providers, or the network providers are not available within a reasonable period of time. The MCO shall make acceptable service arrangements with the provider and enrollee, and shall prohibit balance billing.</p> <p>https://regulations.delaware.gov/AdminCode/title18/1400/1403.shtml</p>
Florida	<p>Florida Office of Insurance Regulation Department of Financial Services 200 East Gaines Street Tallahassee, Florida 32399</p> <p>Statewide Toll-Free: 1-877-MY-FL-CFO (1-877-693-5236) Out of State Callers: (850) 413-3089 TDD Line: 1-800-640-0886</p> <p>Email: Consumer.Services@myfloridacfo.com</p>	<p>An insurer is solely liable for payment of fees to an out-of-network provider of covered emergency services provided to an insured member in accordance with the coverage terms of the health insurance policy, and such insured member is not liable for payment of fees for covered services to a out-of-network provider of emergency services, other than applicable copayments, coinsurance, and deductibles. An insurer must provide coverage for emergency services that (a) May not require prior authorization, (b) Must be provided regardless of whether the services are furnished by a participating provider or a nonparticipating provider, and (c) May impose a coinsurance amount, copayment, or limitation of benefits requirement for a out-of-network provider only if the same requirement applies to an in-network provider.</p> <p>http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0600-0699/0627/Sections/0627.64194.html</p>	<p>An insurer is solely liable for payment of fees to an out-of-network provider of covered nonemergency services provided to an insured member in accordance with the coverage terms of the health insurance policy, and such insured member is not liable for payment of fees to an out-of-network provider, other than applicable copayments, coinsurance, and deductibles, for covered nonemergency services that are (a) Provided in a facility that has a contract for the nonemergency services with the insurer which the facility would be otherwise obligated to provide under contract with the insurer; and (b) Provided when the insured member does not have the ability and opportunity to choose a participating provider at the facility who is available to treat the insured member.</p> <p>http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0600-0699/0627/Sections/0627.64194.html</p>

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Balance Billing Laws by State*
(where they exist)

State	State Contact Information	Emergency Services	Certain services at an in-network hospital or ambulatory center
Georgia	<p>Georgia Department of Insurance Consumer Services 2 Martin Luther King Jr. Drive Suite 716 West Tower Atlanta, Georgia 30334</p> <p>Primary: (404) 656-2070 Toll-Free: (800) 656-2298</p> <p>Email: useindividualgroupemails@oci.ga.gov</p>	<p>Insurers shall pay covered emergency medical services for covered persons regardless of whether the provider or facility is participating or non-participating in their network according to this Regulation. Such an insurer shall make such payment without prior authorization and without retrospective payment denial for emergency medical services deemed to be medically necessary.</p> <p>http://oci.georgia.gov/document/document/final-rules-and-regulations-surprise-billing/download</p>	<p>“Surprise bill” means a bill resulting from an occurrence in which charges arise from a covered person receiving healthcare services from an out-of-network provider at an in-network facility.</p> <p>An insurer that provides any benefits to covered persons with respect to non-emergency medical services shall pay for such services in the event that such services resulted in a surprise bill regardless of whether the healthcare provider furnishing non-emergency medical services is a participating provider with respect to non-emergency medical services.</p> <p>http://oci.georgia.gov/document/document/final-rules-and-regulations-surprise-billing/download</p>
Illinois	<p>Illinois Department of Insurance 320 West Washington Street Springfield, IL 62767</p> <p>877-527-9431 Toll-free TDD: 866-323-5321 Fax: 217-558-2083</p> <p>Email: DOI.Complaints@illinois.gov</p> <p>Website: https://www2.illinois.gov/sites/Insurance/Consumers/Pages/Understanding-Complaint-Process-Provider.aspx</p>	<p>When a beneficiary, insured, or enrollee utilizes an in-network hospital or an in-network ambulatory surgery center and, due to any reason, in network services for radiology, anesthesiology, pathology, emergency physician, or neonatology are unavailable and are provided by an out-of-network facility-based physician or provider, the insurer or health plan shall ensure that the beneficiary, insured, or enrollee shall incur no greater out-of-pocket costs than the beneficiary, insured, or enrollee would have incurred with an in-network physician or provider for covered services.</p> <p>https://www.ilga.gov/legislation/publicacts/96/PDF/096-1523.pdf</p>	<p>When a beneficiary, insured, or enrollee utilizes an in-network hospital or an in-network ambulatory surgery center and, due to any reason, in network services for radiology, anesthesiology, pathology, emergency physician, or neonatology are unavailable and are provided by an out-of-network facility-based physician or provider, the insurer or health plan shall ensure that the beneficiary, insured, or enrollee shall incur no greater out-of-pocket costs than the beneficiary, insured, or enrollee would have incurred with an in-network physician or provider for covered services.</p> <p>https://www.ilga.gov/legislation/publicacts/96/PDF/096-1523.pdf</p>
Indiana	<p>Indiana Department of Insurance 311 W Washington St Indianapolis, IN 46204</p> <p>(317) 232-2385</p> <p>Website: http://www.in.gov</p>	<p>Requires certain health care providers, beginning July 1, 2021, to provide a good faith estimate to individuals of the price for nonemergency health care services to be provided to the individual by the health care provider and sets forth requirements. Allows an individual to request a good faith estimate from a health care provider for the total price for nonemergency services that have been ordered, scheduled, or referred. and requires the health care provider to provide the good faith estimate. Sets forth requirements for the good faith estimate. Provides that an out of network practitioner who provides health care services to a covered individual in an in network facility may not charge more for the health care services provided to a covered individual than allowed according to the rate or amount of compensation established by the covered individual's network plan unless: (1) at least five days before the health care services are scheduled to be provided, the covered individual is provided a statement that: (A) informs the covered individual that the facility or practitioner intends to charge more than allowed under the network plan; and (B) sets forth an estimate of the charge; and (2) the covered individual signs the statement, signifying the covered individual's consent to the charge. Sets forth notice requirements.</p> <p>http://184.175.130.101/legislative/2020/bills/house/1004#digest-heading</p>	<p>Requires certain health care providers, beginning July 1, 2021, to provide a good faith estimate to individuals of the price for nonemergency health care services to be provided to the individual by the health care provider and sets forth requirements. Allows an individual to request a good faith estimate from a health care provider for the total price for nonemergency services that have been ordered, scheduled, or referred. and requires the health care provider to provide the good faith estimate. Sets forth requirements for the good faith estimate. Provides that an out of network practitioner who provides health care services to a covered individual in an in network facility may not charge more for the health care services provided to a covered individual than allowed according to the rate or amount of compensation established by the covered individual's network plan unless: (1) at least five days before the health care services are scheduled to be provided, the covered individual is provided a statement that: (A) informs the covered individual that the facility or practitioner intends to charge more than allowed under the network plan; and (B) sets forth an estimate of the charge; and (2) the covered individual signs the statement, signifying the covered individual's consent to the charge. Sets forth notice requirements.</p> <p>http://184.175.130.101/legislative/2020/bills/house/1004#digest-heading</p>

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Balance Billing Laws by State*
(where they exist)

State	State Contact Information	Emergency Services	Certain services at an in-network hospital or ambulatory center
Iowa	<p>Office of the Attorney General of Iowa Consumer Protection Division Hoover State Office Building 1305 E. Walnut Street Des Moines, Iowa 50319-0106</p> <p>Phone: 515-281-5926, 888-777-4590 (outside of the Des Moines metro area) Fax: 515-281-6771 Email: consumer.consumer@ag.iowa.gov Online Consumer Complaint: https://www.iowaattorneygeneral.gov/for-consumers/file-a-consumer-complaint/complaint-form/ Printable Complaint Form: https://www.iowaattorneygeneral.gov/for-consumers/file-a-consumer-complaint/printable-consumer-complaint-form/ https://www.iowaattorneygeneral.gov/for-consumers/file-a-consumer-complaint</p>	<p>Carriers that provide coverage for emergency services are responsible for charges for emergency services provided to a covered individual, including services furnished outside any contractual provider network or preferred provider network. Does not require prior authorization for emergency services (including all services necessary to evaluate and stabilize an emergency medical condition).</p> <p>https://www.legis.iowa.gov/docs/code/514C.16.pdf</p>	N/A
Maine	<p>Department of Professional & Financial Regulation Bureau of Insurance #34 State House Station Augusta, ME 04333-0034</p> <p>Phone: 207-624-8475 or 800-300-5000 (toll free) Fax: 207-624-8599 Email: Insurance.PFR@maine.gov Electronic Claim Form: https://www.maine.gov/pfr/insurance/eform_chcd.html https://www.maine.gov/pfr/insurance/complaint.html</p>	<p>An out-of-network provider reimbursed for a surprise bill or a bill for covered emergency services, may not bill an enrollee for health care services beyond the applicable coinsurance, copayment, deductible or other out-of-pocket cost expense that would be imposed for the health care services if the services were rendered by a network provider under the enrollee's health plan.</p> <p>A "surprise bill" means a bill for health care services, including, but not limited to, emergency services, received by an enrollee for covered services rendered by an out-of-network provider, when such services were rendered by that out-of-network provider at a network provider, during a service or procedure performed by a network provider or during a service or procedure previously approved or authorized by the carrier and the enrollee did not knowingly elect to obtain such services from that out-of-network provider.</p> <p>https://legislature.maine.gov/statutes/24-A/title24-Asec4303-C.html</p>	<p>An out-of-network provider reimbursed for a surprise bill or a bill for covered emergency services, may not bill an enrollee for health care services beyond the applicable coinsurance, copayment, deductible or other out-of-pocket cost expense that would be imposed for the health care services if the services were rendered by a network provider under the enrollee's health plan.</p> <p>A "surprise bill" means a bill for health care services, including, but not limited to, emergency services, received by an enrollee for covered services rendered by an out-of-network provider, when such services were rendered by that out-of-network provider at a network provider, during a service or procedure performed by a network provider or during a service or procedure previously approved or authorized by the carrier and the enrollee did not knowingly elect to obtain such services from that out-of-network provider.</p> <p>https://legislature.maine.gov/statutes/24-A/title24-Asec4303-C.html</p>
Maryland	<p>Maryland Insurance Administration Attn: Consumer Complaint Investigation-Health 200 St. Paul Place, Suite 2700 Baltimore, MD 21202</p> <p>Phone: 410-468-2000 Fax: 410-468-2020 Toll-Free: 800-492-6116; TTY 800-735-2258</p> <p>Online Complaint Form: https://enterprise.insurance.maryland.gov/consumer/ Website: http://www.insurance.maryland.gov</p>	<p>If your PPO plan is subject to Maryland law, and you and the hospital-based or on-call doctor agree to an assignment of benefits, then the plan will send the payment to the doctor. The hospital-based or on-call physician will be paid based on state law and cannot balance bill you. But you will still have to pay any applicable deductible, copayment, and coinsurance.</p> <p>https://insurance.maryland.gov/Consumer/Documents/publications/FAQ-HealthInsuranceCoverageAndTheClaimProcess.pdf</p>	<p>If your PPO plan is subject to Maryland law, and you and the hospital-based or on-call doctor agree to an assignment of benefits, then the plan will send the payment to the doctor. The hospital-based or on-call physician will be paid based on state law and cannot balance bill you. But you will still have to pay any applicable deductible, copayment, and coinsurance.</p> <p>https://insurance.maryland.gov/Consumer/Documents/publications/FAQ-HealthInsuranceCoverageAndTheClaimProcess.pdf</p>

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(where they exist)

State	State Contact Information	Emergency Services	Certain services at an in-network hospital or ambulatory center
Massachusetts	<p>Division of Insurance Consumer Services Unit 1000 Washington Street, Suite 810 Boston, MA 02118-6200</p> <p>Health Care Helpline: (888) 830-6277 Fax: (617) 753-6830 Email: CSSComplaints@mass.gov</p> <p>Online Consumer Complaint Form: https://www.mass.gov/forms/doi-insurance-complaint-submission-form Print/Fax Complaint Form: https://www.mass.gov/doc/doi-insurance-complaint-form/download</p> <p>Website: https://www.mass.gov/how-to/filing-an-insurance-complaint</p>	<p>HMO. Requires an HMO to provide/arrange for indemnity payments to a member or provider for a reasonable amount charged for the cost of emergency medical services by a provider who is not normally affiliated with the HMO when the member requires services for an emergency medical condition.</p> <p>https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXXII/Chapter176G/Section5</p> <p>PPO. If a covered person receives emergency care and cannot reasonably reach a preferred provider, requires payment for care related to the emergency to be made at the same level and in the same manner as if the covered person had been treated by a preferred provider.</p> <p>https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXXII/Chapter176I/Section3</p>	<p>Requires insurers to cover services from OON providers practicing inside in-network facilities with no greater cost-sharing to the patient where the patient did not have a “reasonably opportunity” to have the service performed by a network provider.</p> <p>https://www.mass.gov/files/documents/2018/03/14/2015-ctr-out-of-network.pdf</p>
Michigan	<p>Department of Insurance and Financial Services Office of Consumer Services PO Box 30220 Lansing, MI 48909</p> <p>Phone: 877-999-6442 Fax: 517-284-8853 Email: DIFSComplaints@michigan.gov</p> <p>Online Complaint Form: https://difs.state.mi.us/Complaints/</p>	<p>Michigan law caps the amount that an out-of-network provider may collect if the health care service is provided to an emergency patient, which is covered by the patient’s health benefit plan, the service is provided by an out-of-network provider, and the service is provided at either an in-network or out-of-network facility. Out-of-network providers are prohibited from attempting to collect from the patient any amount other than the applicable in-network coinsurance, copayment, or deductible.</p> <p>http://www.legislature.mi.gov/documents/2019-2020/billanalysis/Senate/pdf/2019-SFA-4459-L.pdf</p> <p>https://www.healthlawattorneyblog.com/new-michigan-law-prohibits-surprise-medical-billing/</p>	<p>Michigan law caps the amount that an out-of-network provider may collect if the health care service is provided to a non-emergency patient, the service is covered by the patient’s health benefit plan, the service is provided by an out-of-network provider at an in-network health facility, and the patient either: (1) does not have the ability/opportunity to choose an in-network provider, or (2) the patient did not receive a proper disclosure. Out-of-network providers are prohibited from attempting to collect from the patient any amount other than the applicable in-network coinsurance, copayment, or deductible.</p> <p>http://www.legislature.mi.gov/documents/2019-2020/billanalysis/Senate/pdf/2019-SFA-4459-L.pdf</p> <p>https://www.healthlawattorneyblog.com/new-michigan-law-prohibits-surprise-medical-billing/</p>
Minnesota	<p>Office of Minnesota Attorney General Keith Ellison 445 Minnesota Street, Suite 1400 St. Paul, MN 55101</p> <p>Phone: (651) 296-3353 (Twin Cities Calling Area) or (800) 657-3787</p> <p>Online Consumer Assistance Request Form: https://www.ag.state.mn.us/Office/Forms/ConsumerAssistanceRequest.asp</p> <p>https://www.ag.state.mn.us/Office/Complaint.asp</p>	<p>Prohibits a network provider from billing an enrollee for any amount in excess of the allowable amount the carrier contracted for with the provider as total payment for the health care service. Authorizes a network provider to bill an enrollee the approved copayment, deductible, or coinsurance.</p> <p>https://www.revisor.mn.gov/statutes/cite/62K.11</p>	<p>Prohibits a network provider from billing an enrollee for any amount in excess of the allowable amount the carrier contracted for with the provider as total payment for the health care service. Authorizes a network provider to bill an enrollee the approved copayment, deductible, or coinsurance.</p> <p>https://www.revisor.mn.gov/statutes/cite/62K.11</p> <p>Prohibits an enrollee’s financial responsibility for unauthorized provider services¹² from exceeding the cost-sharing requirements (i.e., copayments, deductibles, coinsurance, etc.) under their insurance had the service been provided by a participating provider.</p> <p>https://www.revisor.mn.gov/statutes/cite/62Q.556</p>

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(where they exist)

State	State Contact Information	Emergency Services	Certain services at an in-network hospital or ambulatory center
Mississippi	<p>Mississippi Insurance Department P.O. Box 79 Jackson, MS 39205-0079</p> <p>Phone: 601-359-3569 Toll Free: 800-562-2957 Fax: 601-359-1077 Attorney General's Office: 601-359-4230 Mississippi Health Advocacy Program: 601-353-0845</p> <p>https://www.midhelps.org/insurance-guide/balance-billing/</p>	<p>If the insured provides the insurer with written direction that all or a portion of any indemnities or benefits provided by the insured's policy be paid to a provider rendering hospital, nursing, medical, or surgical services, then requires the insurer to pay the provider directly.</p> <p>Requires the payment to the provider to be considered "payment in full" and prohibits the provider from billing or collecting from the insured any amount above that payment, other than the deductible, coinsurance, copayment, or other charges for equipment or services requested by the insured that are noncovered benefits.</p> <p>https://www.mid.ms.gov/healthcare/questionsanswers/TopicTwo.pdf</p>	<p>If the insured provides the insurer with written direction that all or a portion of any indemnities or benefits provided by the insured's policy be paid to a provider rendering hospital, nursing, medical, or surgical services, then requires the insurer to pay the provider directly.</p> <p>Requires the payment to the provider to be considered "payment in full" and prohibits the provider from billing or collecting from the insured any amount above that payment, other than the deductible, coinsurance, copayment, or other charges for equipment or services requested by the insured that are noncovered benefits.</p> <p>https://www.mid.ms.gov/healthcare/questionsanswers/TopicTwo.pdf</p>
Missouri	<p>Missouri Department of Commerce & Insurance Insurance Divisions PO Box 690 Jefferson City, MO 65102-0690</p> <p>Phone: (573) 751-4126; toll-free 800-726-7390 Fax: (573) 526-4898</p> <p>Online Complaint Form: https://sbs.naic.org/solar-web/pages/public/onlineComplaintForm/onlineComplaintForm.jsf?state=MO</p> <p>Mail/Fax Complaint Form: https://insurance.mo.gov/consumers/complaints/documents/DCIConsumercomplaint.pdf</p> <p>https://insurance.mo.gov/consumers/complaints/index.php</p>	<p>Requires carriers to cover emergency services necessary to screen and stabilize an enrollee <u>and</u> prohibits requiring prior authorization of such services. Subjects coverage of emergency services to applicable copayments, coinsurance, and deductibles.</p> <p>https://revisor.mo.gov/main/OneSection.aspx?section=376.1367</p>	<p>When unanticipated out-of-network care is provide, prohibits the health care professional who sends a claim to a carrier to bill patient for more than the cost-sharing requirements.</p> <p>https://revisor.mo.gov/main/OneSection.aspx?section=376.690#:~:text=(3)%20If%20the%20health%20care,for%20the%20unanticipated%20out%20of%20D</p>
Nebraska	<p>Nebraska Department of Insurance P.O. Box 82089 Lincoln, NE 68501</p> <p>Contact Consumer Affairs: Phone: 877-564-7323 (toll-free in Nebraska) or 402-471-0888 Fax: 402-471-4610 Email: DOI.ConsumerAffairs@nebraska.gov</p> <p>Online Complaint Form: https://sbs.naic.org/solar-web/pages/public/onlineComplaintForm/onlineComplaintForm.jsf?state=NE&spanish=N</p> <p>Filing an Insurance Complaint Brochure: https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/FilingAnInsuranceComplaint_0.pdf</p> <p>Website: https://doi.nebraska.gov/consumer/consumer-assistance</p>	<p>Requires out-of-network providers to bill a patient for no more than his or her health insurance plan's in-network co-payments, co-insurance or deductible for emergency care. It defines an emergency as the sudden onset of a medical condition that would place a person in serious jeopardy if not treated immediately, and limits a patient's expenses to what would have been charged if the patient had been treated at an in-network facility.</p> <p>https://nebraskalegislature.gov/FloorDocs/106/PDF/Final/LB997.pdf</p>	N/A

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Balance Billing Laws by State*
(where they exist)

State	State Contact Information	Emergency Services	Certain services at an in-network hospital or ambulatory center
Nevada	<p>Nevada Division of Insurance 1818 E. College Pkwy, Suite 103 Carson City, NV 89706 775-687-0700 Phone 775-687-0797 Fax</p> <p>Nevada Division of Insurance 3300 W. Sahara Ave., Suite 275 Las Vegas, NV 89102 702-486-4009 Phone 702-486-4007 Fax</p> <p>Toll Free Phone: (888) 872-3234</p> <p>File Complaint Online: https://gov.sircon.com/portalAccess.do?service=consumerPortal&authorization=_pEncZO81ZnFo65A= Mail-In Complaint Form: https://doi.nv.gov/uploadedFiles/doinvgov/_public-documents/Consumers/ComplaintFormA.pdf</p> <p>Website: https://doi.nv.gov/Consumers/Health_and_Accident_Insurance/Balance_Billing_FAQs/</p>	<p>Prohibits OON providers/facilities from collecting from enrollees more than in-network cost-sharing amounts for medically necessary emergency services (MNESS).</p> <p>https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/6896/Text</p>	<p>Does not cover non-MNESS.</p> <p>https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/6896/Text</p>
New Hampshire	<p>New Hampshire Insurance Department 21 South Fruit St., Suite 14 Concord NH 03301-2430</p> <p>Phone: (603) 271-2261 Toll Free: (800) 852-3416; (800) 735-2964 (TYY/RDD Relay Services) Fax: (603) 271-7066 Email: consumerservices@ins.nh.gov</p> <p>Online Consumer Complaint Form: https://sbs.naic.org/solar-web/pages/public/onlineComplaintForm/onlineComplaintForm.jsf?state=NH Consumer Complaint Form (Printable): https://www.nh.gov/insurance/complaints/documents/consumer-complaint-form.pdf</p> <p>Website: www.NH.gov/insurance</p>	<p>If you received care at an in-network hospital or surgical center, the new law prevents anesthesiology, radiology, emergency medicine, or pathology service providers—even if those providers are not in-network for your insurance plan—from charging you anything other than your standard copays, deductibles, or coinsurance.</p> <p>https://www.nh.gov/insurance/consumers/documents/balance_billing_surprise_billing.pdf</p>	<p>If you received care at an in-network hospital or surgical center, the new law prevents anesthesiology, radiology, emergency medicine, or pathology service providers—even if those providers are not in-network for your insurance plan—from charging you anything other than your standard copays, deductibles, or coinsurance.</p> <p>https://www.nh.gov/insurance/consumers/documents/balance_billing_surprise_billing.pdf</p>

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Balance Billing Laws by State*
(where they exist)

State	State Contact Information	Emergency Services	Certain services at an in-network hospital or ambulatory center
New Jersey	<p>New Jersey Department of Banking & Insurance Consumer Inquiry and Response Center ("CIRC") P.O. Box 471 Trenton, NJ 08625-0471</p> <p>Phone: (609) 292-7272 Fax: (609) 777-0508 or (609) 292-2431</p> <p>Online complaint form: https://sbs.naic.org/solar-web/pages/public/onlineComplaintForm/onlineComplaintForm.jsf?state=NJ Mail/fax complaint form: https://www.state.nj.us/dobi/complain.pdf</p> <p>https://www.state.nj.us/dobi/consumer.htm</p>	<p>Health care providers are prohibited from balance billing a covered person for inadvertent out-of-network services and/or out-of-network services provided on an emergency or urgent basis above the amount of the covered person's liability for in-network cost-sharing (i.e. the covered person's network level deductible, copayments, or coinsurance).</p> <p>https://www.state.nj.us/dobi/division_consumers/insurance/outofnetwork.html</p>	<p>You are covered for treatment by an out-of-network health care professional for covered services when you use an in-network health care facility (e.g. hospital, ambulatory surgery center, etc.) and, for any reason, in network health care services are unavailable or provided by an out-of-network health care professional in that in-network facility. This includes laboratory testing ordered by an in network health care professional and performed by an out-of-network bioanalytical laboratory (e.g., imaging, x-rays, blood tests, and anesthesia).</p> <p>https://www.state.nj.us/dobi/bulletins/blt18_14.pdf</p>
New Mexico	<p>New Mexico Office of Superintendent of Insurance 1120 Paseo de Peralta, Room 428 Santa Fe, NM 87501</p> <p>Phone: Main - (505) 827-4601; Toll Free - (855) 427 - 5674 Online complaint form: https://www.osi.state.nm.us/index.php/managed-healthcare-complaint/ Download PDF complaint form: https://www.osi.state.nm.us/wp-content/uploads/2021/07/MHCB-Insured-Complaint-Form-_Feb_2021.pdf</p> <p>Website: http://www.osi.state.nm.us/</p>	<p>A health insurance carrier shall reimburse a nonparticipating provider for emergency care necessary to evaluate and stabilize a covered person if a prudent layperson would reasonably believe that emergency care is necessary, regardless of eventual diagnosis.</p> <p>A health insurance carrier shall not require that prior authorization for emergency care be obtained by, or on behalf of, a covered person prior to the point of stabilization of that covered person if a prudent layperson would reasonably believe that the covered person requires emergency care.</p> <p>A health insurance carrier may impose a cost-sharing or limitation of benefits requirement for emergency care performed by a nonparticipating provider only to the same extent that the copayment, co-insurance or limitation of benefits requirement applies for participating providers and is documented in the policy.</p> <p>A health insurance carrier may require an emergency care provider to notify a health insurance carrier of a covered person's admission to the hospital within a reasonable time period after the covered person has been stabilized.</p> <p>https://www.nmlegis.gov/Sessions/19%20Regular/bills/house/HB0207.HTML</p>	<p>Other than applicable cost sharing that would apply if a participating provider had rendered the same services, a health insurance carrier shall provide reimbursement for and a covered person shall not be liable for charges and fees for covered non-emergency care rendered by a nonparticipating provider that are delivered when:</p> <p>(1) the covered person at an in-network facility does not have the ability or opportunity to choose a participating provider who is available to provide the covered services; or</p> <p>(2) medically necessary care is unavailable within a health benefits plan's network; provided that "medical necessity" shall be determined by a covered person's provider in conjunction with the covered person's health benefits plan and health insurance carrier.</p> <p>https://www.nmlegis.gov/Sessions/19%20Regular/bills/house/HB0207.HTML</p>
New York	<p>NYS Department of Financial Services Consumer Assistance Unit/IDR Process One Commerce Plaza Albany, NY 12257</p> <p>Phone: 1-800-342-3736 Email: IDRquestions@dfs.ny.gov Patient Application - New York State Independent Dispute Resolution (IDR) for Emergency Services and Surprise Bills - https://www.dfs.ny.gov/system/files/documents/2020/10/idr_patient_application.pdf</p> <p>Website: https://www.dfs.ny.gov/consumers/health_insurance/surprise_medical_bills</p>	<p>Consumers in New York are protected from bills for emergency services in hospitals, including inpatient care following emergency room treatment.</p> <p>https://www.dfs.ny.gov/consumers/health_insurance/surprise_medical_bills</p>	<p>Consumers in New York are protected from surprise bills when treated by an out-of-network doctor at a participating hospital or ambulatory surgical center in their health plan's network. Additionally, consumers with health insurance coverage provided by an insurer or HMO are protected from surprise bills when a participating doctor refers them to a non-participating provider.</p> <p>https://www.dfs.ny.gov/consumers/health_insurance/surprise_medical_bills</p>

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Balance Billing Laws by State*
(where they exist)

State	State Contact Information	Emergency Services	Certain services at an in-network hospital or ambulatory center
North Carolina	<p>North Carolina Department of Insurance Consumer Services Division 1201 Mail Service Center Raleigh, NC 27699-1201</p> <p>Phone: 855-408-1212</p> <p>Online complaint form: https://my.ncdoi.com/SA_form/INS_COMPLAINT Printable complaint form: https://www.ncdoi.gov/documents/consumer/consumer-request-assistance-form/download</p> <p>Website: https://www.ncdoi.gov/assistance-or-file-complaint</p>	<p>Requires insurers to provide coverage for emergency services to the extent necessary to screen and stabilize a covered person and does not require prior authorization of the services if a prudent layperson acting reasonably would have believed that an emergency medical condition existed.</p> <p>With respect to emergency services provided by a provider who is not under contract with the insurer, requires the services to be covered if 1.) A prudent layperson acting reasonably would have believed that a delay would worsen the emergency; or 2.) The covered person did not seek services from a provider under contract with the insurer because of circumstances beyond the control of the covered person.</p> <p>Subjects coverage of emergency services to coinsurance, copayments, and deductibles applicable under the plan, but prohibits an insurer from imposing cost-sharing for emergency services that differs from the cost-sharing that would have been imposed if the physician or provider furnishing the services were a provider contracting with the insurer.</p> <p>https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_58/GS_58-3-190.pdf</p>	N/A
Ohio	<p>Ohio Department of Insurance Consumer Services Division 50 West Town Street, Third Floor/Suite 300 Columbus, OH 43215</p> <p>Phone: 614-644-2658, 800-686-1526</p> <p>Online message form: https://insurance.ohio.gov/wps/portal/gov/odi/about-us/contact-us Online consumer complaint form: https://gateway.insurance.ohio.gov/UI/ODI.CS.Public.UI/Complaint.mvc/DisplayConsumerComplaintForm</p> <p>Website: https://insurance.ohio.gov/wps/portal/gov/odi/consumers/health/surprise-billing</p>	<p>For emergency services provided at an out-of-network emergency facility in this state, neither the emergency facility nor an out-of-network provider shall bill a covered person for the difference between the health plan issuer's reimbursement and the emergency facility's or the provider's charge for the services.</p> <p>For emergency services provided by an out-of-network ambulance in this state, neither the ambulance nor an out-of-network provider shall bill a covered person for the difference between the health plan issuer's reimbursement and the ambulance's or provider's charge for the services.</p> <p>https://insurance.ohio.gov/static/Consumer/Surprise+Billing/HB388_133_ENACTED.pdf</p>	<p>For unanticipated out-of-network care provided at an in-network facility in this state, a provider shall not bill a covered person for the difference between the health plan issuer's reimbursement and the provider's charge for the services.</p> <p>https://insurance.ohio.gov/static/Consumer/Surprise+Billing/HB388_133_ENACTED.pdf</p>
Oregon	<p>State of Oregon Department of Consumer and Business Services Division of Financial Regulation — 2 P.O. Box 14480 Salem, OR 97309-0405</p> <p>Phone: 888-877-4894 (toll-free) Fax: 503-378-4351 Email: dfr.insurancehelp@oregon.gov</p> <p>Insurance complaint form (electronic): https://sbs.naic.org/solar-web/pages/public/onlineComplaintForm/onlineComplaintForm.jsf?state=or Insurance complaint form (mail or fax): https://dfr.oregon.gov/help/Documents/3600.pdf</p> <p>Website: dfr.oregon.gov</p>	<p>A provider who is an out-of-network provider for a health benefit plan or health care service contract may not bill an enrollee in the health benefit plan or health care service contract for emergency services or other inpatient or outpatient services provided at an in-network health care facility.</p> <p>https://oregon.public.law/statutes/ors_743b.287</p>	<p>A provider who is an out-of-network provider for a health benefit plan or health care service contract may not bill an enrollee in the health benefit plan or health care service contract for emergency services or other inpatient or outpatient services provided at an in-network health care facility.</p> <p>https://oregon.public.law/statutes/ors_743b.287</p>

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**Balance Billing Laws by State*
(where they exist)**

State	State Contact Information	Emergency Services	Certain services at an in-network hospital or ambulatory center
Pennsylvania	<p>Pennsylvania Insurance Department Bureau of Consumer Services Room 1209, Strawberry Square Harrisburg, PA 17120</p> <p>Phone: 877-881-6388 Fax: (717) 787-8585 Email: ra-in-consumer@pa.gov</p> <p>Pennsylvania Consumer Services Online tool: https://gov.sircon.com/portalAccess.do?service=consumerPortal&authorization=_pEncnBS5Qajp23k=</p> <p>Download a complaint form: https://www.insurance.pa.gov/Consumers/insurance-complaint/Documents/Complaint%20Form.pdf</p> <p>Website: www.insurance.pa.gov</p>	<p>Prohibits a plan from denying any claim for emergency services on the basis that the enrollee did not receive permission, prior approval, or referral prior to seeking emergency service.</p> <p>https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/028/chapter9/subchapHtoc.html&d=reduce</p> <p>If a plan has no participating providers within an approved service area available to provide covered services, requires it to arrange/provide coverage for services provided by a nonparticipating provider and cover the non-network services at the same level of benefit as if a network provider had been available.</p> <p>http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/028/chapter9/s9.681.html&d=reduce</p>	N/A
Rhode Island	<p>State of Rhode Island Department of Business Regulation Insurance Division 1511 Pontiac Avenue, Bldg. 69-2 Cranston, RI 02920</p> <p>Phone: (401) 462-9520 from 8:30 a.m. to 4:00 p.m. Eastern time, M-F Email: DBR.Insurance@dbri.gov File an Insurance Complaint: https://sbs.naic.org/solar-web/pages/public/onlineComplaintForm/onlineComplaintForm.jsf?state=RI</p>	<p>Requires carriers to provide coverage for emergency services in the following manner:</p> <ol style="list-style-type: none"> Without the need for any prior authorization determination, even if the emergency services are provided on an out-of-network basis; Without regard to whether the provider furnishing the emergency services is a participating network provider with respect to the services; If the emergency services are provided out-of-network: <ol style="list-style-type: none"> Without imposing any administrative requirement or limitation on coverage that is more restrictive than the requirements or limitations that apply to emergency services received from in-network providers, and By complying with the state's cost-sharing requirements; and Without regard to any other term or condition of the coverage, other than (1) the exclusion of or coordination of benefits, (2) an affiliation of waiting period under ERISA, or (3) applicable cost-sharing. <p>Prohibits any cost-sharing requirement as expressed as a copayment amount or coinsurance rate imposed with respect to a participant/beneficiary for out-of-network emergency services from exceeding the cost-sharing requirement imposed with respect to a participant/beneficiary if the services were provided in-network.</p> <p>http://webserver.rilin.state.ri.us/Statutes/TITLE27/27-18/27-18-76.htm</p>	N/A
Texas	<p>Texas Department of Insurance P.O. Box 12030 Austin, TX 78711-2030</p> <p>Phone (Consumer Help Line): 800-252-3439</p> <p>Online complaint system: https://gov.sircon.com/portalAccess.do?service=consumerPortal&authorization=_pEncaB8R3frwSnM=</p> <p>Website: https://www.tdi.texas.gov/consumer/file-health-cmplnt.html</p>	<p>Texas law protects patients with state-regulated health insurance from surprise medical bills in emergencies and when they didn't have a choice of doctors. The law bans balance bills in emergencies or when the patient didn't have a choice of doctors for medical services received on or after January 1, 2020.</p> <p>https://www.tdi.texas.gov/tips/texas-protects-consumers-from-surprise-medical-bills.html https://capitol.texas.gov/tlodocs/86R/billtext/html/SB01264F.htm</p>	<p>Texas law protects patients with state-regulated health insurance from surprise medical bills in emergencies and when they didn't have a choice of doctors. The law bans balance bills in emergencies or when the patient didn't have a choice of doctors for medical services received on or after January 1, 2020.</p> <p>https://www.tdi.texas.gov/tips/texas-protects-consumers-from-surprise-medical-bills.html https://capitol.texas.gov/tlodocs/86R/billtext/html/SB01264F.htm</p>

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Balance Billing Laws by State*
(where they exist)

State	State Contact Information	Emergency Services	Certain services at an in-network hospital or ambulatory center
Vermont	<p>State of Vermont Department of Financial Regulation Insurance Division 89 Main Street Montpelier, VT 05620-3101</p> <p>Phone: 800-964-1784 or 802-828-3302 Fax: 802-282-1446 Email: dfr.insuranceinfo@vermont.gov</p> <p>File a complaint online: https://sbs.naic.org/solar-web/pages/public/onlineComplaintForm/onlineComplaintForm.jsf?state=VT&dswid=7833 File a complaint by mail or fax: https://dfr.vermont.gov/document/insurance-complaint-form</p> <p>Website: https://dfr.vermont.gov/consumers/file-complaint/insurance/insurance-complaints</p>	<p>Specific to Medicare Only: A physician who agrees to treat a Medicare or General Assistance beneficiary shall not balance bill the beneficiary except as provided in section 6503.</p> <p>https://legislature.vermont.gov/statutes/section/33/065/06502</p> <p>Section 6503 exceptions: https://legislature.vermont.gov/statutes/section/33/065/06503</p>	N/A
Virginia	<p>Virginia State Corporation Commission Bureau of Insurance, Life and Health Division P.O. Box 1157 Richmond, VA 23218</p> <p>Phone: 1-877-310-6560 Fax: 1-804-371-9944</p> <p>Balance Billing Complaint Form: https://www.scc.virginia.gov/getdoc/6c5f8228-de7f-4f47-9ea7-6f61e850429b/BB-Complaint-Form</p> <p>Email: bureauofinsurance@scc.virginia.gov</p> <p>Website: scc.virginia.gov</p>	<p>No out-of-network provider shall balance bill an enrollee for emergency services provided to an enrollee at an in-network facility services involve surgical or ancillary services provided by an out-of-network provider.</p> <p>https://law.lis.virginia.gov/vacode/title38.2/chapter34/section38.2-3445.01/</p>	<p>No out-of-network provider shall balance bill an enrollee for nonemergency services provided to an enrollee at an in-network facility if the nonemergency services involve surgical or ancillary services provided by an out-of-network provider.</p> <p>https://law.lis.virginia.gov/vacode/title38.2/chapter34/section38.2-3445.01/</p>
Washington	<p>Washington State Office of the Insurance Commissioner P.O. Box 40255 Olympia, WA 98504-0255</p> <p>Phone: 800-562-6900 or 360-725-7080 (8 am to 5 pm PT, M-F) Fax: 360-586-2018</p> <p>File a complaint online: https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx Printable provider complaint form: https://www.insurance.wa.gov/sites/default/files/documents/provider-complaint-form.pdf</p> <p>Website: www.insurance.wa.gov</p> <p>https://www.insurance.wa.gov/sites/default/files/documents/final-consumer-notice-of-surprise-billing-rights_0.pdf</p>	<p>The most you can be billed for emergency services is your plan's in-network cost-sharing amount even if you receive services at an out-of-network hospital in Washington, Oregon or Idaho or from an out-of-network provider that works at the hospital. The provider and facility cannot balance bill you for emergency services.</p> <p>https://www.insurance.wa.gov/sites/default/files/documents/final-consumer-notice-of-surprise-billing-rights_0.pdf</p>	<p>When you receive surgery, anesthesia, pathology, radiology, laboratory, or hospitalist services from an out-of-network provider while you are at an in-network hospital or outpatient surgical facility, the most you can be billed is your in-network cost-sharing amount. These providers cannot balance bill you.</p> <p>https://www.insurance.wa.gov/sites/default/files/documents/final-consumer-notice-of-surprise-billing-rights_0.pdf</p>

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Balance Billing Laws by State*
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State	State Contact Information	Emergency Services	Certain services at an in-network hospital or ambulatory center
West Virginia	<p>WV Offices of the Insurance Commissioner ATTN: Consumer Services Division PO Box 50540 Charleston, WV 25305-0540</p> <p>Online Consumer Complaint Form: https://sbs.naic.org/solar-web/pages/public/onlineComplaintForm/onlineComplaintForm.jsf?dswid=7997&spanish=N&state=WV</p> <p>Consumer Complaint - Paper Form: https://www.wvinsurance.gov/LinkClick.aspx?fileticket=a5Wlxj2_YSo%3d&tabid=886&portalid=0&mid=5531</p> <p>Toll Free 1-888-TRY WVIC (888-879-9842) TTY 1-800-435-7381 TDD Toll Free (800) 435-7381 (304) 558-3386 Fax: 304-558-4965 E-Mail: OICConsumerServices@wv.gov</p>	<p>Requires insurers to provide coverage for emergency medical services—including prehospital services—to the extent necessary to screen and stabilize an emergency medical condition without requiring prior authorization for the screening services or stabilization of the emergency medical condition.</p> <p>Subjects coverage of emergency services to coinsurance, copayments, and deductibles applicable under the health benefit plan.</p> <p>http://www.wvlegislature.gov/wvcode/ChapterEntire.cfm?chap=33&art=25A&section=8D</p>	N/A

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