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Your Rights and Protections Against Surprise Medical Bills

A notice regarding balance billing protections and your right to a Good Faith Estimate, provided under the federal No Surprises Act and Texas law.

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Balance Billing Protections

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 (sometimes called “surprise billing”).

What is balance billing (sometimes called “surprise billing”)? When you see a physician or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, or deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that is not in your health plan's network. “Out-of-network” means providers and facilities that have not signed a contract with your health plan. An out-of-network provider might 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 plan's deductible or annual out-of-pocket limit. “Surprise billing” is an unexpected balance bill — for example, when you cannot control who is involved in your care, such as during an emergency, or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for: emergency services, even if you get them from an out-of-network provider or facility, without needing prior authorization; and certain services from out-of-network providers at an in-network hospital or ambulatory surgical center, such as anesthesiology or radiology.

When balance billing is not allowed, you also have the following protections: You are only responsible for paying your share of the cost (such as copayments, coinsurance, and deductibles that you would pay if the provider or facility were in-network). Your health plan will pay out-of-network providers and facilities directly. Your health plan generally must count any amount you pay for emergency services or certain out-of-network services toward your deductible and out-of-pocket limit, and cover these services without requiring you to get approval in advance (prior authorization).

If you believe you have been wrongly billed, you may contact the Texas Department of Insurance or, for self-funded/federal protections, the U.S. Centers for Medicare & Medicaid Services, using the contact information below.

Texas State Law Protections

Texas law provides additional balance billing protections that generally apply to individuals covered by a health plan regulated by the Texas Department of Insurance (TDI), including plans through the Employees Retirement System of Texas (ERS) and the Teacher Retirement System of Texas (TRS). These protections apply to certain out-of-network care received at in-network facilities and, under Texas law, also extend to covered services received at in-network birthing centers, freestanding emergency medical care facilities, and certain diagnostic imaging and laboratory services connected to a visit with an in-network provider.

If your coverage is regulated by the State of Texas and you believe you were incorrectly balance billed, you may request mediation or arbitration through the Texas Department of Insurance.

Your Right to a Good Faith Estimate of Expected Charges

You have the right to receive a “Good Faith Estimate” explaining how much your health care will cost. Under the law, health care providers need to give patients who do not have certain types of health care coverage, or who are not using certain types of health care coverage, an estimate of expected charges before providing non-emergency items or services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services, including related costs like clinical intake sessions, testing, and follow-up appointments that are reasonably expected as part of your care.

If you schedule an item or service at least 3 business days in advance, make sure your health care provider gives you a Good Faith Estimate in writing within 1 business day after scheduling. If you schedule an item or service at least 10 business days in advance, you should receive the Good Faith Estimate within 3 business days after scheduling. You can also ask any health care provider for a Good Faith Estimate before you schedule an item or service, and you should receive the Good Faith Estimate within 3 business days after you ask.

If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill by contacting the provider or facility, or by starting the patient-provider dispute resolution process with the U.S. Department of Health and Human Services (HHS).

Make sure to keep a copy or picture of your Good Faith Estimate for your records.

Questions or Complaints

For questions or more information about your right to a Good Faith Estimate or your federal balance billing protections, visit www.cms.gov/nosurprises, email FederalPPDRQuestions@cms.hhs.gov, or call the No Surprises Help Desk at 1-800-985-3059.

For questions about Texas-specific balance billing protections or to file a complaint about a Texas-regulated health plan, contact the Texas Department of Insurance at tdi.texas.gov/consumer/healthcomplaints.html or 1-800-252-3439. To file a complaint about a health care facility or provider, you may also contact Texas Health and Human Services at hhs.texas.gov/providers/health-care-facilities-regulation/file-a-complaint-a-health-facility.

For questions about your bill from HER Psychotherapy, please contact us directly at (512) 436-3884 or evalette@herpsychotherapy.com.