

No Surprises Act – Your Rights and Protections Against Surprise Medical Bills

Effective January 1, 2022

Under the federal **No Surprises Act**, you are protected from surprise medical bills when receiving care from out-of-network providers in certain situations. This law applies to all individuals, regardless of insurance status.

What is a "Surprise Medical Bill"?

A surprise bill is an unexpected balance bill. This can happen when you receive care from an out-of-network provider or facility unknowingly or without your consent. Most often, this occurs during emergencies or when you receive services at an in-network facility but are unknowingly treated by an out-of-network provider.

Your Rights Under the No Surprises Act

If you are covered by a health insurance plan, the No Surprises Act protects you from:

- **Emergency services** provided by an out-of-network provider or facility—these must be billed at in-network rates without requiring prior authorization.
- **Non-emergency services** at an in-network facility by an out-of-network provider—without your prior written consent, you cannot be billed more than in-network rates.
- **Air ambulance services** from out-of-network providers—these are also protected under this law.

If You Are Uninsured or Choose Not to Use Insurance

If you are **uninsured** or **elect to self-pay**, you are entitled to a **Good Faith Estimate** of the expected charges before you receive care.

- The estimate will include expected charges for the services provided.
- You can request a Good Faith Estimate in writing at any time.
- If your final bill is \$400 or more above the estimate, you have the right to dispute the charges.

To request a Good Faith Estimate or for questions, please contact our office directly.

Dispute Resolution

If you receive a bill that is significantly higher than your Good Faith Estimate, you may dispute the charge through the **U.S. Department of Health & Human Services (HHS)**.

- Learn more or start a dispute at: www.cms.gov/nosurprises
- Or call: 1-800-985-3059

Contact Us

If you have questions about your bill, the Good Faith Estimate, or your rights under the No Surprises Act, please contact:

Beal Wellness

Address: 1093 Cleveland Avenue Atlanta, GA 30344

Phone: 404-768-2218

Email: info@bealwellness.com

This notice is provided in accordance with Section 2799B-6 of the Public Health Service Act as added by the No Surprises Act.