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## **NOTICE OF SURPRISE BILLING PROTECTION**

Effective Date: January 1, 2022

THE PURPOSE OF THIS DOCUMENT IS TO LET YOU KNOW ABOUT YOUR PROTECTIONS FROM UNEXPECTED MEDICAL BILLS. IT ALSO ASKS WHETHER YOU WOULD LIKE TO GIVE UP THOSE PROTECTIONS AND PAY MORE FOR OUT-OF-NETWORK CARE.

**IMPORTANT:** You aren't required to sign this form and shouldn't sign it if you didn't have a choice of health care provider when you received care. You can choose to get care from a provider in your health plan's network, which may cost you less.

If you'd like assistance with this document, ask your provider or a patient advocate.

Take a picture and/or keep a copy of this form for your records.

You're getting this notice because this provider isn't in your health plan's network. That means that provider does not have an agreement with your plan.

### **Getting care from this provider could cost you more.**

**If your plan covers the item or service you're getting, federal law protects you from higher bills:**

- When you get emergency care from out-of-network providers and facilities, or
- When an out-of-network provider treats you at an in-network hospital or ambulatory surgical center without your knowledge or consent.

**Ask your health care provider or patient advocate if you need help knowing if these protections apply to you.**

**If you sign this form, you may pay more because:**

- You are giving up your protections under the law.
  - You may owe the full costs billed for items and services received.
  - Your health plan might not count any of the amount you pay towards your deductible and out-of-pocket limit.
- Contact your health plan for more information.

You **shouldn't** sign this form if you **didn't** have a choice of providers when receiving care. For example, if a doctor was assigned to you with no opportunity to make a change. Before deciding whether to sign this form, you can contact your health plan to find an in-network provider. If there isn't one, your health plan might work out an agreement with this provider, or another one. Your Good Faith Estimate is presented in another document.