Standard Notice Under the No Surprises Act

You are receiving this information because a service/procedure/surgery that you are having performed at this facility will or might require pathology services provided by Iowa Pathology Associates, P.C.

Good Faith Estimates

If you have no insurance or are electing to have a procedure provided without using your insurance, you are considered "Self Pay" and are eligible to receive a Good Faith Estimate for the services you will be provided.

No Surprises Act

If you are being seen at an "In Network" facility (your hospital or doctors' office) and have services provided by an "Out of Network" provider (pathology, radiology, anesthesiology, etc.), the No Surprises Act offers you certain protections prohibiting the provider from "balance billing" for their services. The provisions of this regulation are complex and should be discussed with the provider's office. Iowa Pathology Associates participates with most major insurances in Iowa. Here is a short list of those insurances:

- Medicare/Tricare
- Medicaid (including traditional, Iowa Total Care and Amerigroup)
- Wellmark Blue Cross/Blue Shield (includes Wellmark Health Plan HMO)
- United Healthcare
- Aetna
- Midlands Choice
- Health Partners

There are many other insurances that we participate with and those can be found on our Web site at iowapath.com on the No Surprises Act tab. If your insurance is considered "In Network", then the **provisions of the No Surprises Act do not apply.**

If you would like a Good Faith Estimate or have questions about any information in this notice, please **reach out to Iowa Pathology Associates at 515-241-8866 and tell them that you need to speak to someone about the No Surprises Act.**

IOWA PATHOLOGY
ASSOCIATES

Good Faith Estimate

Provider: Iowa Pathology Associates, PC

Patient Name:____

Procedure Scheduled:____

Scheduled Date of Service:____________________________________

Insurance: To be eligible for a Good Faith Estimate, patient must either have no insurance, or be considered "Self Pay" (patient might have insurance, but prefer not to use it for this procedure)

Date of Service	Service Code	Description	Estimated amount to be billed
		Total Estimate of what you may owe:	

Provider Representative:______________________________________
(Printed Name)

Provider Representative:______________________________________
(Signature)

Date:____________________

Fax completed form to: 515-241-8855

No Surprises: Understand your rights against surprise medical bills

The No Surprises Act protects people covered under group and individual health plans from receiving surprise medical bills when they receive most emergency services, non-emergency services from out-of-network providers at in-network facilities, and services from out-of-network air ambulance service providers. It also establishes an independent dispute resolution process for payment disputes between plans and providers, and provides new dispute resolution opportunities for uninsured and self-pay individuals when they receive a medical bill that is substantially greater than the good faith estimate they get from the provider.

Starting in 2022, there are new protections that prevent surprise medical bills. If you have private health insurance, these new protections ban the most common types of surprise bills. If you're uninsured or you decide not to use your health insurance for a service, under these protections, you can often get a good faith estimate of the cost of your care up front, before your visit. If you disagree with your bill, you may be able to dispute the charges. Here's what you need to know about your new rights.

What are surprise medical bills?

- Before the No Surprises Act, if you had health insurance and received care from an out-of-network provider or an out-of-network facility, even unknowingly, your health plan may not have covered the entire out-of-network cost. This could have left you with higher costs than if you got care from an in-network provider or facility. In addition to any out-of-network cost sharing you might have owed, the out-of-network provider or facility could bill you for the difference between the billed charge and the amount your health plan paid, unless banned by state law. This is called "balance billing." An unexpected balance bill from an out-of-network provider is also called a surprise medical bill. People with Medicare and Medicaid already enjoy these protections and are not at risk for surprise billing.

What are the new protections if I have health insurance?

If you get health coverage through your employer, a Health Insurance Marketplace®, [1] or an individual health insurance plan you purchase directly from an insurance company, these new rules will:

- Ban surprise bills for most emergency services, even if you get them out-of-network and without approval beforehand (prior authorization).
- Ban out-of-network cost-sharing (like out-of-network coinsurance or copayments) for most emergency and some non-emergency services. You can't be charged more than in-network cost-sharing for these services.
- Ban out-of-network charges and balance bills for certain additional services (like anesthesiology or radiology) furnished by out-of-network providers as part of a patient's visit to an in-network facility.
- Require that health care providers and facilities give you an easy-to-understand notice explaining the applicable billing protections, who to contact if you have concerns that a provider or facility has violated the protections, and that patient consent is required to waive billing protections (i.e., you must receive notice of and consent to being balance billed by an out-of-network provider).

[1] Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

What if I don't have health insurance or choose to pay for care on my own without using my health insurance (also known as "self-paying")?

If you don't have insurance or you self-pay for care, in most cases, these new rules make sure you can get a good faith estimate of how much your care will cost before you receive it.

What if I'm charged more than my good faith estimate?

For services provided in 2022, you can dispute a medical bill if your final charges are at least $400 higher than your good faith estimate and you file your dispute claim within 120 days of the date on your bill.

What if I do not have insurance from an employer, a Marketplace, or an individual plan? Do these new protections apply to me?

Some health insurance coverage programs already have protections against surprise medical bills. If you have coverage through Medicare, Medicaid, or TRICARE, or receive care through the Indian Health Services or Veterans Health Administration, you don't need to worry because you're already protected against surprise medical bills from providers and facilities that participate in these programs.

What if my state has a surprise billing law?

The No Surprises Act supplements state surprise billing laws; it does not supplant them. The No Surprises Act instead creates a "floor" for consumer protections against surprise bills from out-of-network providers and related higher cost-sharing responsibility for patients. So as a general matter, as long as a state's surprise billing law provides at least the same level of consumer protections against surprise bills and higher cost-sharing as does the No Surprises Act and its implementing regulations, the state law generally will apply. For example, if your state operates its own patient-provider dispute resolution process that determines appropriate payment rates for self-pay consumers and Health and Human Services (HHS) has determined that the state's process meets or exceeds the minimum requirements under the federal patient-provider dispute resolution process, then HHS will defer to the state process and would not accept such disputes into the Federal process.

As another example, if your state has an All-Payer Model Agreement or another state law that determines payment amounts to out-of-network providers and facilities for a service, the All-Payer Model Agreement or other state law will generally determine your cost-sharing amount and the out-of-network payment rate.

Where can I learn more?

Still have questions? Visit CMS.gov/nosurprises, or call the Help Desk at 1-800-985-3059 for more information. TTY users can call 1-800-985-3059.