Your Rights and Protections Against Surprise Medical Bills

Effective Date: September 23, 2025

At Quirkiatry, we are committed to transparency and ensuring you are fully informed about the costs of your care. This notice explains your rights under a federal law called the "No Surprises Act," which protects you from unexpected medical bills.

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, such as a copayment, coinsurance, or a 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 isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may 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 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.

You are 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 and coinsurance). You cannot 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.
- 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 may 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 cannot balance-bill you and may not ask you to give up your protections not to be balance-billed.

You're never required to give up your protections from balance billing. You also aren't required

to get care out-of-network. You can choose a provider or facility in your plan's network.

Your Right to a Good Faith Estimate

Under the law, health care providers must give patients **who don't have insurance or who are not using insurance** an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1
 business day before your medical service or item. You can also ask your health care
 provider, and any other provider you choose, for a Good Faith Estimate before you
 schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

If you believe you've been wrongly billed:

For questions or more information about your rights under federal law, you can visit **www.cms.gov/nosurprises/consumers** or call the No Surprises Help Desk at **1-800-985-3059**.

To file a complaint, you can go to www.cms.gov/nosurprises/complaints.

Our Commitment at Quirkiatry

If you have any questions about our fees or billing practices, please do not hesitate to ask.

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