

If you have any questions, regarding your receipt, please contact your HonorHealth Customer Service Billing Department at 623-300-9044, Monday through Friday from 8:00 AM to 5:00 PM.

**Payment Summary - 12/26/23**

**Department:** HonorHealth Orthopedics -Sonoran

**Guarantor Name:** Neetu Joshi

**Guarantor ID:** 658406

**Patient Name:** Geet Joshi

**Serial #:** 3615872

Account #	Appt/Admit Date	Type	Source	Reference	Payment
Future	12/26/2023	Copay	Credit Card	026000 Visa x9551	\$50.00

Total Amount: **\$50.00**

x Neetu Joshi  
Customer Signature

### YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

#### **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 copayment, coinsurance, and/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 the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balanced billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent to give up your protections not to be balanced billed for these post stabilization services.

Under Arizona law, if you received emergency services at an in-network facility you may seek arbitration of qualifying out-of-network bills.

##### **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-