TAKE PATIENTS OUT OF THE MIDDLE

We believe patients like George C. should be protected from these egregious bills. Georgians should not be expected to pay out-of-pocket to settle disputes between the provider and the insurer. The Surprise Billing Consumer Protection Act takes patients out of the middle.

GEORGIA NEEDS PROTECTION

George C. had his right foot amputated at an in-network hospital. At the time, he was assured that all the providers were approved by his insurance company. Almost a year later, he received multiple bills that totaled almost $60,000 for services that the hospital says were not paid. "I found out they used out-of-network providers when they assured me they would [not]. They would not dismiss the bills and I had no alternative but to file for bankruptcy."

HOW DO SURPRISE MEDICAL BILLS HAPPEN?

Surprise medical bills occur when an insured patient encounters out-of-network providers at an in-network facility during the course of care. A few weeks later, the patient receives a bill for the portion of the charges not covered by the insurer. This process, called balance or surprise billing, can leave the patient stuck with an exorbitant bill.

HOW THE ACT WILL PROTECT GEORGIANS

Senate Bill 359 and House Bill 888, twin bills also known as the Surprise Billing Consumer Protection Act, protects Georgians from surprise medical bills by:

- Ensuring that patients are "held harmless" in billing disputes between insurers and providers;
- Requiring patients to give consent first before receiving out-of-network services;
- Enabling insurers and providers to settle any disputes through a resolution process.

The Act covers a wide array of healthcare products and providers, including hospital or ambulatory care facilities where specialty care providers are frequently contracted, often out-of-network.

Please support the Surprise Billing Consumer Protection Act to protect Georgians from surprise medical bills!