

PATIENT NOTICES AND DISCLOSURES | EFFECTIVE JAN. 1, 2022

	Public Disclosure of Rights Related to Balance Billing	Patient Disclosure of Rights Related to Balance Billing	Rights Related to Good Faith Estimates	Good Faith Estimates - Uninsured/Self-Pay Patients	Notice and Consent to Balance Bill
Required Jan. 1, 2022					
Who	Providers, including Hospitals, Hospital Outpatient Departments, Critical Access Hospitals, and Ambulatory Surgical Centers	Insured patients in a group health plan or group/individual health insurance coverage offered by a health insurance issuer, including the Federal Employees Health Benefits Program	Uninsured/Self-Pay Patients	Uninsured/Self-Pay Patients	Insured patients in a group health plan or group/individual health insurance coverage offered by a health insurance issuer, including the Federal Employees Health Benefits Program
What	Facilities/providers must make publicly available information on patients' rights regarding balance billing, including state-specific rights under IL Public Act 096-1523 . Facilities/providers may use CMS' model form (CMS-10780 Appendix III), altered to reflect PA 096-1523 .	Facilities/providers must give each insured patient a one-page notice of their rights under the No Surprises Act and IL Public Act 096-1523. Facilities/providers may use CMS' model form (CMS-10780 Appendix III), altered to reflect PA 096-1523 .	Facilities/providers must notify uninsured/self-pay patient both orally and in writing of their right to receive a good faith estimate of expected costs. Facilities/providers may use CMS' model form (CMS-10791-1), or create a similar disclosure.	Facilities/providers must provide a good faith estimate of expected charges both orally and in writing . Facilities/providers may use CMS' model form (CMS-10791-2), or create a similar form that includes the same information, for both convening and co-providers.	In certain, limited circumstances, out-of-network facilities and providers may seek an insured patient's consent to balance bill them for costs beyond the patient's plan's reimbursement. There is a required CMS form (CMS-10780 Appendix IV), which providers must modify to reflect the specific insured patient.
When and Where	The public notice must be on a searchable homepage of the facility's/provider's website. Facilities/providers must also prominently display a sign with the required disclosure information in a location of the facility/provider, such as where individuals schedule care, check-in for appointments, or pay bills, unless the provider does not have a publicly accessible location.	Facilities/providers must provide the notice in-person, by mail, or by email, as selected by the insured patient.	Information regarding the availability of a good faith estimate must be prominently displayed on the convening facility's/provider's website and in the office and on-site where scheduling or questions about the cost of health care occur.	When the uninsured/self-pay patient schedules an item or service or upon request. For items/services scheduled 3-10 days in advance, providers have 1 business day to furnish a good faith estimate. For items/services scheduled 10 or more days in advance, providers have 3 business days to furnish a good faith estimate.	For items/services at least 72 hours out, provide the notice and consent at least 72 hours before the appointment. For items/services scheduled within 72 hours, provide the notice and consent on the day the appointment is scheduled. For same day items/services, provide the notice and consent no later than 3 hours prior to the appointment.

For more information and a complete list of requirements, see IHA's summary of [surprise billing policies effective Jan. 1, 2022](#), the No Surprises Act [implementing regulations](#), and IHA's No Surprises Act [webinar](#) (scroll down to Price Transparency) and [FAQ document](#).