



BREAKTHROUGH MENTAL HEALTH LLC

ADVANCED INNOVATIVE TREATMENT APPROACHES

10278 South Dupont Highway, Felton, DE 19943 | (302) 330-7727

www.breakthroughmentalhealthllc.com

YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

A Notice from Breakthrough Mental Health LLC

Under the Federal No Surprises Act



WHAT IS SURPRISE BILLING?

When you receive healthcare services, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, or deductible.

“Out-of-network” means providers and facilities that do not have a contract with your health plan.

A balance bill (sometimes called “surprise billing”) occurs when an out-of-network provider bills you for the difference between what your plan pays and the full amount charged for a service.

WHEN ARE YOU PROTECTED?

You have federal protections against certain unexpected medical bills.



EMERGENCY SERVICES

If you have an emergency medical condition and receive 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. You cannot be balance billed for these services.



CERTAIN SERVICES AT IN-NETWORK FACILITIES

If you receive services at an in-network hospital or ambulatory surgical center, certain out-of-network providers there generally cannot bill you more than your plan's in-network cost-sharing amount.



IMPORTANT FOR OUTPATIENT PSYCHIATRIC SERVICES

These protections do not automatically require an insurance company to cover routine, voluntarily scheduled outpatient psychiatric services with an out-of-network provider. Patients receiving private-pay services at Breakthrough Mental Health LLC remain subject to our financial policies, consistent with federal and state law.



BREAKTHROUGH MENTAL HEALTH LLC
ADVANCED INNOVATIVE TREATMENT APPROACHES



YOUR ADDITIONAL PROTECTIONS

When federal balance-billing protections apply:

- ✓ You are generally responsible only for applicable in-network cost-sharing amounts.
- ✓ Your health plan must cover emergency services without prior authorization.
- ✓ Eligible cost-sharing amounts must count toward your in-network deductible and out-of-pocket maximum.
- ✓ You cannot be required to waive these protections when federal law prohibits such a waiver.

YOUR RIGHT TO A GOOD FAITH ESTIMATE

If you do not have health insurance or are not using insurance to pay for your care, you have the right to receive a Good Faith Estimate of expected charges.



WHAT IS A GOOD FAITH ESTIMATE?

A Good Faith Estimate explains the expected cost of your medical care. At Breakthrough Mental Health LLC, this may include psychiatric evaluations, medication management appointments, and related services.

YOU HAVE THE RIGHT TO:

- ✓ Receive a written estimate within the timeframes required by federal law.
- ✓ Request an estimate before scheduling an appointment.
- ✓ Get information about reasonably expected charges for your treatment.
- ✓ Dispute qualifying bills that are at least \$400 more than your Good Faith Estimate.
- ✓ Keep a copy of your estimate for your records.

A Good Faith Estimate is not a bill and does not obligate you to receive treatment.

WHERE TO GET HELP

If you believe you have received an improper surprise medical bill or have questions about your rights, contact:



Federal No Surprises Help Desk

☎ 1-800-985-3059
🌐 www.cms.gov/nosurprises



Delaware Department of Insurance Consumer Services

☎ 1-800-282-8611 (within Delaware)
☎ (302) 674-7300
🌐 www.insurance.delaware.gov



Questions About Our Practice?

Please contact Breakthrough Mental Health LLC at (302) 330-7727 with questions about our financial policies or Good Faith Estimates.

This notice is provided in accordance with the federal No Surprises Act (effective January 1, 2022). Additional Delaware protections may apply.