OH NO!
I got a surprise medical bill. Now what?

You can fight back when you get a surprise bill in Texas!

STEP ONE: How you fight back depends on what type of coverage you have. Check the correct box below...

☐ I have Medicaid, Medicare, or Texas CHIP.

OR

☐ I have private health insurance through my job or I buy my own.

(Answer all 3 questions below)

1. Does your insurance card have the letters “TDI” or “DOI” written anywhere on it? (check one) ☐ YES or ☐ NO

2. Do you have HealthSelect coverage for state employees through the Employees Retirement System (ERS) or TRS-ActiveCare or TRS-Care coverage through the Teacher Retirement System of Texas (TRS)? ☐ YES or ☐ NO

3. Do you have coverage in a PPO (Preferred Provider Organization), an HMO (Health Maintenance Organization), or an EPO (Exclusive Provider Organization)? ☐ PPO ☐ HMO ☐ EPO

(If you can’t tell from your insurance card, call the customer service number on your card and ask.)

IF YOU CHECKED THIS BOX, STOP HERE! THAT’S IT!

CONTINUE TO STEP 2 ON THE BACK!

What is a surprise medical bill?

Imagine you are in an accident and are rushed to an emergency room. Or, during a hospital stay, multiple doctors come and go from your room, each providing care or an assessment. In these types of scenarios, patients do not get to choose which doctors treat them and have no ability to ensure that all of their health care will be in-network with their insurance company.

When patients get health care from a doctor or hospital that they think is part of their insurer’s provider network, but it turns out the health care provider was outside of the network, the patient may get a “surprise medical bill” or “balance bill.” When a patient gets out-of-network care, the insurance company and out-of-network doctor or hospital often fight over the bill. Doctors charge high prices while insurers pay low rates, and instead of resolving their disagreements, they off-load the charges onto the patient in the form of a surprise bill. Surprise bills contain big out-of-network charges that go beyond a patient’s expected deductible or copay.

Surprise bills are most common when patients can’t choose their health care provider—like ER doctors, anesthesiologists, and doctors that provide care during a hospital stay—and can’t make sure the care will be in-network.
Help! I can’t figure any of this out!
This stuff is hard, but don’t worry, help is available. Start by calling the customer service number on your insurance card to get help. If that doesn’t work, call the Texas Department of Insurance’s Consumer Help Line at 1-800-252-3439.

HMOs and EPOs generally do not cover health care you get out-of-network. But, they both must protect you from surprise bills if you got out-of-network care in a medical emergency or if there were not any in-network doctors/providers available to treat you. First, call your HMO/EPO to report the bill. If the HMO/EPO does not resolve the bill for you, file a complaint with the Texas Department of Insurance by calling 1-800-252-3439. You can find language to include with your complaint at bit.ly/surprisebill-fightback.

You have a “self-funded” plan that is subject to federal law and not regulated by the Texas Department of Insurance. This type of health insurance is common and offered by many larger employers. Unfortunately, this type of coverage does not have good consumer protections for surprise billing yet. Here are some things to try:

- See if your employer’s Human Resources department can assist you.
- File an appeal with your plan. Let them know if you had no control over receiving care out of network. Ask the plan to negotiate the cost with the doctor/provider.
- Call the doctor/provider. Ask them to negotiate the charges with the insurance company.

You may be able to use no-cost mediation through the Texas Department of Insurance to resolve your surprise bill. After you apply for mediation, your insurer and doctor/provider will have to get on the phone to try to work out their billing dispute. This call alone almost always resolves the billing dispute.

If your insurer and provider still disagree, they will go to mediation, and you can participate if you want. Once TDI has initiated the mediation process, your doctor/provider cannot try to collect on any amounts billed to you, other than your deductible or copayment/coinsurance.

Call TDI’s Consumer Help Line at 1-800-252-3439 for more information.