

### **What are my Appeal Rights if I am Balance Billed?**

Balance billing occurs when a physician or provider charges an enrollee the balance of the physician or provider's fee for services received by the enrollee that are not fully paid or reimbursed by the enrollee's health maintenance organization (HMO).

Physicians and providers who participate in the HMO's network have contractually agreed not to balance bill the enrollee for covered services. Enrollees are responsible for payment of any copayments and deductibles required by the HMO plan. If an HMO authorizes a referral to an out-of-network physician or provider because necessary care is not available from a network physician or provider, the HMO must ensure that the enrollee is "held harmless" and not balance billed.

Enrollees could be billed for all or part of the cost of care received from an out-of-network physician or provider that was not authorized by the HMO. Emergency services are not required to be preauthorized.

An enrollee who believes that the physician or provider is billing inappropriately can file a complaint with the HMO by using the complaint and appeal procedures described in the member's handbook. Also, an enrollee can file a complaint with the Texas Department of Insurance at any time.