

## The No Surprise Act

The No Surprises Act is a federal law that aims to protect patients from surprise medical bills, especially for emergency services and services at in-network facilities when an out-of-network provider is involved. It also requires healthcare providers to provide good faith estimates of the cost of services before they are rendered, especially for uninsured or self-pay patients. (Effective January 1, 2022)

More information on the No Surprise Act can be found at [cms.gov/nosurprises](https://www.cms.gov/nosurprises)

Below is a list of procedures/medications that some insurance companies do not cover.

- Therapeutic Drugs
  - Bone Grafting
  - Guided Tissue Regeneration (membrane)
  - Implant
  - Sinus Lift
  - Leukocyte- and Platelet-Rich Fibrin (L-PRF)
  - Soft Tissue Grafting
  - LANAP Surgery
  - LANAP Cleaning
  - General Anesthesia (depending on guidelines)
  - Office visits/ Consultations (depending on frequency or deductible)
  - Oral Versed
  - Nitrous Oxide (depending on age and coverage)
  - Exposure and Bracket (orthodontic benefit)
  - Surgical Extractions
  - CBCT/Panoramic xray
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- Estimates are based on the information that we receive from the insurance company, whether it be a verbal confirmation or in writing confirmation. Benefits are based on the policy being in effect on the date of the service.
  - Benefits will be checked prior to your procedure & you will be notified.

I \_\_\_\_\_, acknowledge I was made aware of the No Surprise Act on \_\_\_\_\_. Fees will be given to me as soon as the benefit coordinator has checked my insurance policy(s). I will be made aware of what is not covered by my insurance company. I understand that I will be responsible for the balance.

Signature \_\_\_\_\_

