

Surprise Bill Policy

Planned Parenthood of Northern, Central, and Southern New Jersey, Inc. (PPNCSNJ) maintains a list of participating insurance companies including lines of business and provider or Health Center location exceptions. If diagnostic laboratory services are performed, PPNCSNJ is contracted with an outside laboratory. Insurance and laboratory lists are available on our website and in writing at each Health Center location.

It is the patient's responsibility to determine if we participate with their insurance, the benefits that are covered under their policy and to follow up directly with their insurance carrier. We notify patients that we will bill the insurance company as a courtesy and that the patient will be responsible for any balance due.

If the balance owed by the patient after insurance coverage is higher than the balance would have been if paid solely by the patient (including adjustments according to the sliding fee scale, if eligible), PPNCSNJ will reduce the balance due from the patient by the amount of the difference. We notify patients that they may receive a bill directly from the outside laboratory.

When patients provide insurance information at the time the appointment is scheduled, PPNCSNJ contacts the patient's insurance company before high-cost services/supplies are provided to ensure coverage and benefits and then we notify the patient before their appointment to inform them what their cost will be. For all other visits, insurance coverage is run through an insurance eligibility program so that staff can let patients know what their responsibility may be for that day's visit.

In the rare instance when PPNCSNJ has a provider that is not fully credentialed with one of the contracted insurance payers - and a patient with that insurance coverage has an emergency visit - PPNCSNJ will bill the patient's insurance company, but will "write off" any balance left to the patient for out-of-network charges, and the patient will not be liable.

When making patient referrals, PPNCSNJ will provide patients with the name, address and telephone number of the referral provider and advise patients to check with the referral provider and their insurance company if the services will be covered.

If a patient receives what they deem a "surprise bill" they should speak with someone in our Billing department at (973) 539-9580. Staff may send an e-mail to info@ppggnj.org on behalf of a patient.

If a patient believes they have been wrongly billed, they may contact the New Jersey Department of Banking and Insurance at <https://www.nj.gov/dobi/consumer.htm>, 609-292-7272, or the Consumer Hotline at 1-800-446-7467. The federal phone number for information and complaints is 1-800-985-3059.

Visit <https://www.cms.gov/nosurprises> for more information about patient rights under federal law. Visit https://www.nj.gov/dobi/division_consumers/insurance/outofnetwork.html for more information about patient rights under state laws.