

**The Comprehensive ENT Center of Texas,  
The Comprehensive Hearing Center of Texas, and  
Mueller Surgery Center Policy**

**SUBJECT:** No Surprise Act Policy

**DEPARTMENT:** Business Office

**POINT OF CONTACT:** Billing Manager

**REVIEWED/REVISED:** 01/2022

**POLICY:**

The following policy dictates the steps and actions taken by The Comprehensive ENT Center of Texas, The Comprehensive Hearing Center of Texas and Mueller Surgery Center to ensure patients receive No Surprise Billing & Good Faith Estimates and Disclosures in a timely manner as related to the No Surprise Act effective January 1, 2022.

**PROCEDURES:**

1. Scheduling will follow the below protocols in determining the need to notify billing to provide a patient with a No Surprise or Good Faith Estimate:
  - a. At time of scheduling, scheduler will verify insurance coverage & run a real time eligibility check to ensure patient has active coverage.
  - b. Scheduler will notify billing immediately if patient has out-of-network insurance, inactive insurance, or is an uninsured patient.
  - c. Scheduler will notify uninsured patient of self-pay deposit amounts of either \$300.00 or \$150.00 based on the appointment type scheduled.
  - d. Scheduler will notify the patient they will receive a phone call from billing regarding their estimate.
2. Billing will draft a No Surprise Billing Estimate for patients when:
  - a. The patient has out-of-network insurance and still desires us to file a claim to their insurance to apply to their out-of-network benefits.
3. Billing will draft a Good Faith Estimate for patients when:
  - a. The patient has out-of-network insurance & choose not to have a claim filed to their insurance.
  - b. The patient has any health sharing plan.
  - c. The patient is uninsured.
  - d. The patient's insurance is inactive at time of scheduling, and they have no

updated insurance to provide.

4. No Surprise Billing & Good Faith Estimates will be discussed verbally via a phone call with the patient and per patient preference will also be provided with a written copy via mail or email. These estimates will be completed in the below time frames:
  - a. If the patient schedules a service 4 or more business days before the service is to be furnished an estimate will be provided to the patient both verbally and in writing; 3 business days prior to their scheduled service.
  - b. If the patient schedules a service between 1-3 business days before the service is to be furnished an estimate will be provided to the patient both verbally and in writing; 1 business day prior to their scheduled service.
  - c. If the patient schedules a service for a same day appointment an estimate will be provided to the patient both verbally and in writing a minimum of 3 hours prior to furnishing the service.
  - d. Due to the need to provide an estimate at least 3 hours in advance, patients requesting a same day appointment will be scheduled a minimum of 4 hours from the time of their call, except, in emergent situations as determined by the physician.
5. No Surprise Billing & Good Faith Estimate Notices & Disclosure will be prominently displayed in the following locations:
  - a. Wall adjacent to Front Desk Check In with all other legally required notices requiring display.
  - b. On the home page of [www.DrLeeman.com](http://www.DrLeeman.com), utilizing links that allow a PDF to generate; allowing patient capability to print a copy for their records.