

Prevent Surprise Bills: Californians Still Receiving Unfair Charges When Using In-Network Facilities

California consumers continue to receive surprise out-of-network bills despite going to in-network hospitals, labs, or outpatient facilities. These bills can come from an out-of-network anesthesiologist, pathologist, radiologist or another health professional that the patient may have never met and did not choose, costing them hundreds or thousands of dollars. The Legislature must act to protect consumers from surprise bills by passing [AB 72](#) (Bonta, Bonilla, Dahle, Gonzalez, Maienschein, Santiago, Wood).



Sarah R. - Bayside, CA

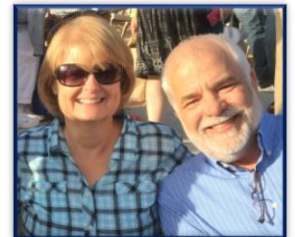
When Sarah had a baby in June 2015, she researched her options and chose an in-network hospital. She ended up having an unplanned C-section and was surprised when she received a \$1,050 bill for the out-of-network anesthesiologist.

"I'm grateful that my baby girl is healthy and that my delivery went well, but I had no idea the anesthesiologist would be out-of-network and not covered by my insurance. That unexpected additional \$1,050 bill was a burden on our budget"

Cassie R. - Fairfield, CA

Cassie needed a minor surgery following a mastectomy. She confirmed that the center and the doctor were in-network, and although she had already met her annual out-of-pocket maximum, was told she would have a "share of cost." The center said it was a lag in insurance reporting, but no one mentioned that the anesthesiologist would be out of network. After receiving the bill, the center said they "never know who is coming."

"In-network facilities lack incentive to ensure patients are receiving care from in-network providers, because the burden of paying falls on the patient. This is unfair and an extra hardship on people who are already in a vulnerable state."



Rosalie A. - Willits, CA

While vacationing in August 2015, Rosalie fell and broke her leg. She was transported to an in-network facility and treated by an in-network surgeon. Rosalie received a bill for \$1550 and learned it was because the hospitalist was not an in-network provider.

"I never thought to inquire about the hospitalist," said Rosalie. "How would people even know they would be getting a bill from a hospitalist?! All in-network facilities should have in-network providers."

Jen C. - Los Osos, CA

Jen has a hereditary blood vessel disease that can cause brain damage or a stroke. In 2015, Jen had a stroke that required brain surgery, which she had at an in-network hospital with an in-network brain surgeon. However, after the surgery, they received \$808 in bills from an out-of-network neurologist.

"We had no idea this was going to happen—and Jen's husband was there the whole time," shared Becca, Jen's mother-in-law. "It's frustrating and unfair that she never had the chance to be seen by an in network neurologist in the first place. We just don't have the money to pay for this. All our money has been spent on premiums, which are supposed to cover this. And when you go in for major surgery, you don't have resources to deal with surprises like this."



Kathi W. - Temecula, CA*

Kathi had a surgery in 2012 for a torn meniscus. She scheduled her surgery at an in-network hospital and made sure that all the providers involved in her surgery were in-network. She even made sure that her request for all in-network providers was on her surgery orders. Almost a year later, she received a \$3,000 bill for the anesthesiologist who turned out to be out-of-network.

Kathleen D. - Los Angeles, CA*

Kathleen made an appointment for a colonoscopy and was very careful to make sure the doctors, clinic, lab, etc. were all in-network. After the procedure, she got a bill from the out-of-network anesthesiologist. Apparently her doctor's usual anesthesiologist wasn't available, so an out-of-network provider filled in at the last minute.

"I still don't know why I had to pay for the extra amount. When I look for in-network providers, I expect everyone in the medical 'chain' to be in-network. How are patients supposed to check on every doctor, lab, and medical facility that may be involved with their procedure-- including any last minute substitutes??!!"

Teri G. - Los Angeles, CA*

Teri was in the labor & delivery room, having significant contractions, and decided to have an epidural. She had no idea that the anesthesiologist who came to give her the epidural shot was an out-of-network doctor. She later was billed more than \$3,000 for the anesthesiologist.

"[I] certainly did not think to ask - I was in labor! I do not think a woman giving birth should have to ask whether every doctor that walks in the room in a hospital should have to ask this question. If the hospital accepts your insurance, all of the doctors who work at that hospital should take your insurance."

Carol P. - Concord, CA*

Carol had foot surgery. She was fortunate because the anesthesiologist who took care of her for the procedure was in-network. But she later found out that the billing was done a little differently and the insurer was billed for out-of-network anesthesia services.

"I found out, because I was trying to gauge what my portion of the costs for the procedure would be, that whether or not this medical professional was in my health care plan's network or not had nothing to do with whether or not s/he was assigned. No, instead I found out that it was done by lottery - to ensure that the anesthesiologists got a 'fair' proportion of the patients at that surgical center. There was no concern for my financial situation or preferences; I had no say in the matter whatsoever."

Ronald O. - San Diego, CA*

Ronald O. had his thyroid removed due to a large, but benign, growth. The surgeon, his assistant, the anesthesiologist, and the hospital were all in-network. Ronald even prepaid the co-payment that the hospital expected from his health insurance plan. What he didn't know was that the pathologists were not in the network. This had not been an issue with either of the prior biopsies that had been done prior to the surgery.

"The frustrating irony is that my wife works for the hospital, in the pathology lab. I think we are finally straight on these bills, but I'm still dealing with a collections agency that wants me to pay for a blood test that was done for my son at a different hospital, but was sent to insurance as outpatient rather than inpatient, taking it out-of-network."

Michael D. - Long Beach, CA*

Michael D. had always been very diligent in making sure doctors, hospitals, etc. are in his health plan network. Then he had surgery and received a bill from the anesthesiologist for \$771.00. He discovered that the anesthesiologist was out-of-network.

"The insurance company is now investigating and I have yet to receive the hospital bill. While we may be able to select the network hospital, we have no control over the selection of anesthesiologist."

**stories provided by Consumers Union*



Have questions?

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