



Tips for Using the No Surprises Consumer Complaint Form

Be Prepared and Know What to Expect



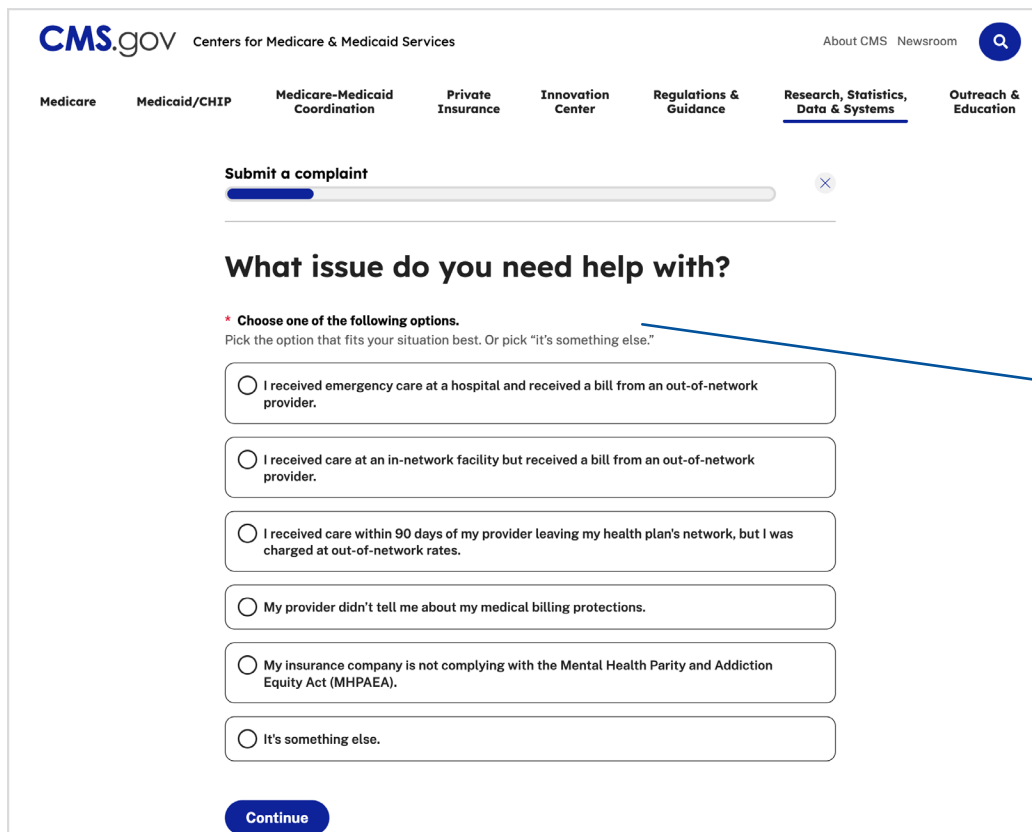
The [No Surprises Consumer Complaint Form](#) allows consumers to report potential violations of the [No Surprises Act](#) online. The form is managed by the [No Surprises Help Desk](#) at the Centers for Medicare & Medicaid Services (CMS). Consumers can use the form to submit questions and get referrals for additional assistance. For more information about the No Surprises Help Desk, please see the companion resource [No Surprises Act: How to Get Help and File a Complaint](#).

The screenshot shows the CMS.gov website. The header includes the CMS.gov logo and navigation links for Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. A search icon is also present. Below the header, there is a breadcrumb trail: Home > Medical bill rights > Get help. A navigation bar contains links for Home, Know your rights, Get help, and Cambiar a Español. The main content area is titled 'You can submit a complaint with us' and includes a section 'When your provider or insurer might not be following the rules'. This section explains that health insurance companies and health care providers must follow rules that protect consumers from unexpected, or 'surprise,' out-of-network bills. It also states that if a consumer has a question about these rules or believes the rules aren't being followed, they can submit their question or complaint to the No Surprises Help Desk. To the right of this text is a box titled 'Submit a complaint' which says 'If your insurance company or provider isn't following surprise billing rules, submit a complaint.' and includes a 'Get Started' button. Below this box is a link 'Update an existing complaint' with a right arrow. At the bottom right, there is a link 'Submit a complaint over the phone: 1-800-985-3059'. On the left side of the main content area, there is a section 'On this page' with a list of links: 'What to expect', 'What you need', 'What happens next', and 'Submit a complaint'.

The Complaint Form is often the first step in the process of filing a complaint about potential violations of the No Surprises Act.

The following pages provide tips for filling out certain sections of the form. However, they do not explain each step in the process of filing a complaint. See the [No Surprises Consumer Complaint Form \(file named "CMS-10779. Consumer Complaint Form No Surprises Help Desk.pdf"\)](#) for the full list of questions in the form. NOTE: Questions may be worded differently than in the online form.

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Submit a complaint

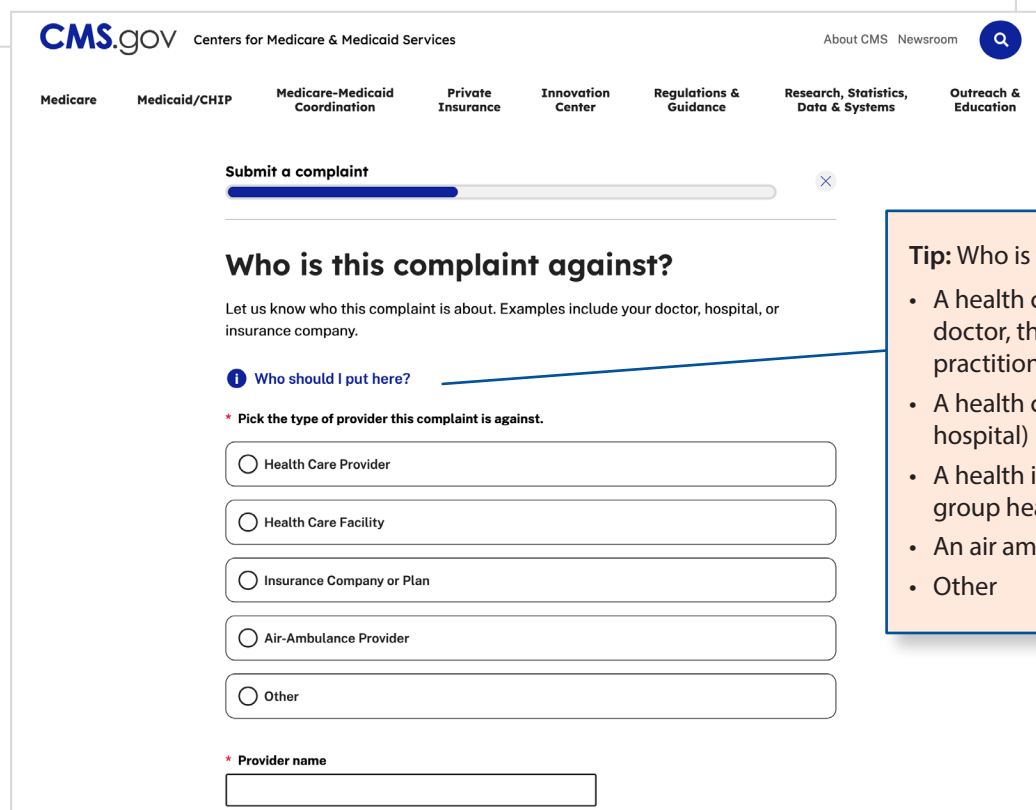
What issue do you need help with?

* Choose one of the following options.
Pick the option that fits your situation best. Or pick "It's something else."

- ☐ I received emergency care at a hospital and received a bill from an out-of-network provider.
- ☐ I received care at an in-network facility but received a bill from an out-of-network provider.
- ☐ I received care within 90 days of my provider leaving my health plan's network, but I was charged at out-of-network rates.
- ☐ My provider didn't tell me about my medical billing protections.
- ☐ My insurance company is not complying with the Mental Health Parity and Addiction Equity Act (MHPAEA).
- ☐ It's something else.

Continue

Tip: Choose the complaint type. Choose the complaint category that best fits most of the issues in the situation.



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Submit a complaint

Who is this complaint against?

Let us know who this complaint is about. Examples include your doctor, hospital, or insurance company.

i Who should I put here?

* Pick the type of provider this complaint is against.

- ☐ Health Care Provider
- ☐ Health Care Facility
- ☐ Insurance Company or Plan
- ☐ Air-Ambulance Provider
- ☐ Other

* Provider name

Tip: Who is the complaint about?

- A health care provider (like a doctor, therapist, nurse practitioner)
- A health care facility (like a hospital)
- A health insurance company or group health plan
- An air ambulance provider
- Other

Tips for Using the No Surprises Consumer Complaint Form

Share what happened

To process your complaint, we want to know more about what happened.

*** Tell us about your issue.**

You can enter up to 1024 more characters.

Tip: Provide as much information as possible about the issue and any steps the consumer has already taken.

See some examples below.

What have you done so far to try to resolve this issue?

*** What steps have you taken?**

You can enter up to 500 more characters.

Example Problem Description #1

Share what happened:

I received a bill for a visit to the emergency room of my local hospital. My insurance plan documents say my copay for emergency visits is \$500 after I meet my deductible, which I haven't met. Now, the hospital is charging me \$2,500. I also received an Explanation of Benefits from my insurance that said I would only be responsible for \$500. I did not sign a notice and consent form to waive my surprise billing rights.

What have you done so far to try to resolve this issue?

I called the hospital billing department and my insurance company in June 2022. Both have told me they would look into the charges, but I have not heard back or received any more mail about my bill. I am thinking about filing an appeal with my insurance company.

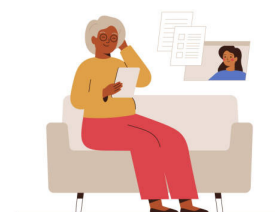
Example Problem Description #2

Share what happened:

On August 5th I got an injection for my knee pain. I don't have insurance, but my orthopedist gave me an estimate of \$300. I paid that amount when I arrived for the procedure, but two weeks later I got a bill (dated August 19) with a balance of \$550. I called the office to complain, and they said what I received was just an estimate. They still want me to pay the balance. What are my rights?

What have you done so far to try to resolve this issue?

Called the orthopedist's office on August 22nd.



Tips for Using the No Surprises Consumer Complaint Form

Documentation

Provide any documentation that might support your case. You can supply documentation later, if you don't have it handy right now.

Uploading these documents is optional. But they help us understand your issue and review your complaint as fast as possible.

Accepted file types: Word (DOC, DOCX), Excel (XLS, XLSX), PDF, JPG, PNG

Bill(s)

Upload any bills you received from your plan, issuer, air ambulance provider, or health care facility.

[Upload one or more files](#)

Maximum file size: 185 MB

CPT codes

If you see CPT codes on your bill, enter them here. Otherwise, leave this field blank.

Claim(s)

Upload any claims you received from your plan, issuer, air ambulance provider, or health care facility.

[Upload one or more files](#)

Maximum file size: 185 MB

Claim number

If you were given a claim number, enter it here. Otherwise, leave this field blank.

[Continue](#)

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Tip: Upload as much supporting documentation as possible, such as medical bills or explanation of benefits statements. This will help speed up the complaint process.

If the consumer is missing any documentation, the No Surprises Help Desk staff will call or email to follow up. The consumer can also return and submit more documentation later.

Documentation

Provide any documentation of correspondence. You can supply documentation later, if you don't have it right now.

Uploading documentation is optional. But it helps us understand your issue and review your complaint as fast as possible.

Accepted file types: Word (DOC, DOCX), Excel (XLS, XLSX), PDF, JPG, PNG

Correspondence ⓘ

Upload documentation of any correspondence you had with your plan, issuer, air ambulance provider, or health care facility.

[Upload one or more files](#)

Maximum file size: 185 MB

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[? Need help completing this form?](#)

[Ver en Español](#)

Tips for Using the No Surprises Consumer Complaint Form

Submit a complaint

Tell us about your insurance.

These questions are optional, but answer them if you can.

This information will help us understand exactly what laws apply to you.

Plan Type

* What type of insurance or health plan did you use when you got care?

☒ Non-Federal government plan
You work for a state or local government or a school district and use their health plan.

☐ Self-funded group health plan from a private employer

☐ Federal Employees Health Benefits (FEHB) Plan

☐ Fully-insured group health plan from private-sector employer

☐ Individual health insurance plan outside the Health Insurance Marketplace™

☐ Federal Health Insurance Marketplace™ plan

☐ State-based Marketplace plan

☐ Medicaid or the Children's Health Insurance Program (CHIP)

☐ Faith-Based Plan

☐ TRICARE

☐ I'm not sure / Other

Continue

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Tip: If the consumer is insured, make sure to select the box for the right kind of health coverage, and provide as much information as possible.

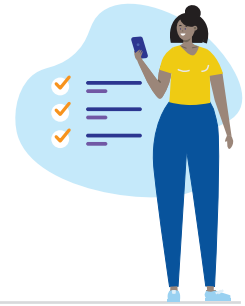
If uncertain about the type of coverage, have the consumer contact their employer or health insurance plan.

The No Surprises Help Desk staff can work with the consumer to get any additional information and upload health plan documents.

Tips for Using the No Surprises Consumer Complaint Form

Documents to Have On Hand When Completing the Complaint Form

Be prepared to provide detailed information about the issue. If possible and available, have these documents on hand:



Key Documents

- ☐ Health insurance card(s) if the consumer is insured.
- ☐ Information on whether the consumer's plan is a self-insured plan (the consumer can call the employer's benefits office or the health insurance company to find out).
- ☐ Information about any gaps in health coverage, especially if they overlap with the dates of service.
- ☐ Medical bills.
- ☐ Explanation of Benefits statements.

Other Helpful Information

- ☐ Consent forms the consumer or their representative may have signed waiving their balance billing protections.
- ☐ Good faith estimates from health care providers or facilities, if any.
- ☐ Correspondence the consumer or their authorized representative has had with their health care provider, facility, air ambulance provider, insurance company, health plan, or state or federal agency concerning billing disputes. All correspondence should include dates if possible.
- ☐ Notes from any phone calls with the health care provider, facility, air ambulance provider, insurance company, health plan, or state or federal agency.
- ☐ Records of any related medical bills the consumer has already paid, including copays, coinsurance, and deductibles.
- ☐ Communications concerning late fees or collection attempts for medical bills.
- ☐ Medical records related to the item(s) or service(s), such as discharge summaries.
- ☐ Documentation authorizing a representative to communicate on the consumer's behalf (if available, not required).
- ☐ Information posted on the provider or facility's website outlining surprise billing protections, including state and federal agency contact information.
- ☐ Summary Plan Description or certificate of coverage.