Standard Notice and Consent Documents Under the No Surprises Act

(For use by nonparticipating providers and nonparticipating emergency facilities beginning January 1, 2022)

Instructions

The Department of Health and Human Services (HHS) developed standard notice and consent documents under section 2799B-2(d) of the Public Health Service Act (PHS Act). These documents are for use when providing items and services to participants, beneficiaries, enrollees, or covered individuals in group health plans or group or individual health insurance coverage, including Federal Employees Health Benefits (FEHB) plans by either:

• A nonparticipating provider or nonparticipating emergency facility when furnishing certain post-stabilization services, or
• A nonparticipating provider (or facility on behalf of the provider) when furnishing non-emergency services (other than ancillary services) at certain participating health care facilities.

Providers and facilities should NOT give these documents to an individual:

• Who is seeking items or services from in-network providers only,
• Who has Medicare, Medicaid, or any form of coverage other than as previously described, or
• Who is uninsured?

These documents provide the form and manner of the notice and consent documents specified by the Secretary of HHS under 45 CFR 149.410 and 149.420. HHS considers use of these documents in accordance with these instructions to be good faith compliance with the notice and consent requirements of section 2799B-2(d) of the PHS Act, provided that all other requirements are met. To the extent a state develops notice and consent documents that meet the statutory and regulatory requirements under section 2799B-2(d) of the PHS Act and 45 CFR 149.410 and 149.420 with respect to both form and manner of delivery, the state-developed documents will meet the federal specifications regarding the form and manner of the notice and consent documents.

These documents may not be modified by providers or facilities, except as indicated in brackets or as may be necessary to reflect applicable state law. To use these documents properly, the nonparticipating provider or facility must fill in any blanks that appear in brackets with the appropriate information. Providers and facilities must fill out the notice and consent documents completely and delete the bracketed italicized text before presenting the documents to patients.
In particular, providers and facilities must fill in the blanks in the “Estimate of what you could pay” section and the “More details about your total cost estimate” section before presenting the documents to patients.

The standard notice and consent documents must be given physically separate from and not attached to or incorporated into any other documents. The documents must not be hidden or included among other forms, and a representative of the provider or facility must be physically present or available by phone to explain the documents and estimates to the individual, and answer any questions, as necessary. The documents must meet applicable language access requirements, as specified in 45 CFR 149.420. The provider or facility is responsible for translating these documents or providing a qualified interpreter, as applicable, when necessary to meet those requirements. The standard notice must be provided on paper, or, when feasible, electronically, if selected by the individual or authorized representative. The individual or authorized representative must be provided with a copy of the signed consent document in-person, by mail or via email, as selected by the individual or authorized representative.

If an individual makes an appointment for the relevant items or services at least 72 hours before the date that the items and services are to be furnished, these notice and consent documents must be provided to the individual, or the individual’s authorized representative, at least 72 hours before the date that the items and services are to be furnished. If the individual makes an appointment for the relevant items or services within 72 hours of the date the items and services are to be furnished, these notice and consent documents must be provided to the individual, or the individual’s authorized representative, on the day the appointment is scheduled. In a situation where an individual is provided the notice and consent documents on the day the items or services are to be furnished, including for post-stabilization services, the documents must be provided no later than 3 hours prior to furnishing the relevant items or services.

**NOTE:** The information provided in these instructions is intended to be only a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, or formal policy guidance upon which it is based. Refer to the applicable statutes, regulations, and other interpretive materials for complete and current information.

**DO NOT INCLUDE THESE INSTRUCTIONS WITH THE STANDARD NOTICE AND CONSENT DOCUMENTS GIVEN TO PATIENTS.**

**Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1401. The time required to complete this information collection is estimated to
average 1.3 hours per response, including the time to review instructions, search existing
data resources, gather the data needed, and complete and review the information
collection. If you have comments concerning the accuracy of the time estimate(s) or
suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn:
PRA Reports Clearance Officer, Mail Stop C4-26- 05, Baltimore, Maryland 21244-1850.
អំពីការរៀបចំអំពីការផ្តល់សេនា

មានការអោយការចុះបញ្ចូលនៃអំពីការផ្តល់សេនាដ៏ប្រសើរនៃអំពីប្រធានសង្គមអំពីការផ្តល់សេនាដ៏ប្រសើរនៃអំពីការផ្តល់សេនាដ៏ប្រសើរនៃអំពីការផ្តល់សេនាដ៏ប្រសើរនៃអំពីការផ្តល់សេនាដ៏ប្រសើរនៃអំពីការផ្តល់សេនាដ៏ប្រសើរនៃអំពីការផ្តល់សេនាដ៏ប្រសើរនៃអំពីការផ្តល់សេនាដ៏ប្រសើរនៃអំពីការផ្តល់សេនាដ៏ប្រសើរនៃអំពីការផ្តល់សេនាដ៏ប្រសើរនៃអំពីការផ្តល់សេនាដ៏ប្រសើរនៃអំពីការផ្តល់សេនាដ៏ប្រសើរនៃអំពីការផ្តល់សេនាដ៏ប្រសើរនៃអំពីការផ្តល់សេនាដ៏ប្រសើរនៃអំពីការផ្តល់សេនាដ៏ប្រសើរនៃអំពីការផ្តល់សេនាដ៏ប្រសើរនៃអំពីការផ្តល់សេនាដ៏ប្រса
[Enter either (1) specific information about prior authorization or other care management limitations that are or may be required by the individual’s health plan or coverage, and the implications of those limitations for the individual’s ability to receive coverage for those items or services, or (2) include the following general statement:]

Except in an emergency, your health plan may require prior authorization (or other limitations) for certain items and services. This means you may need your plan’s approval that it will cover the items or services before you can get them. If your plan requires prior authorization, ask them what information they need for you to get coverage.

[In the case where this notice is being provided for post-stabilization services by a nonparticipating provider within a participating emergency facility, include the language immediately below and enter a list of any participating providers at the facility that are able to furnish the items or services described in this notice]
អត់ការបញ្ជាក់ពីអតិថិជនអំពីអតុីពលកំពុងលះបង់បរិយាកាសអំពីសុខភាព

អាយុអតិថិជនមិនអាចឈ្មោះអំពីវប្បធម៌អំពីការកើតមកបានមួយលើអតិថិជនបាន។

• ប្រមាណការបញ្ជាក់ពីអតិថិជនអំពីអតុីពលកំពុងលះបង់បរិយាកាសអំពីសុខភាពនៃអតុីពលបន្ទាប់ពីបរិយាកាស

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ការបញ្ហាម្ចាស់អនុសីត្រការអនុសីត្រការបញ្ហាហិរញ្ញវត្ថុអនុសីត្រការ

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[Enter the good faith estimated cost for the items and services that would be furnished by the listed provider or facility plus the cost of any items or services reasonably expected to be provided in conjunction with such items or services. Assume no coverage would be provided for any of the items and services.]

For each provider or facility described in the notice, fill-in the table below by completing each column for each item and service to be provided by the provider or facility. Add additional rows if necessary. If the notice is for more than one facility or provider, list items and services to be provided by the same facility or provider in adjacent rows, and provide a subtotal estimate for each facility and provider(s). If the notice is for one facility or one provider, the subtotal estimate may be omitted. The total amount on page 2 must be equal to the total of each of the cost estimates included in the table.]

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<th>សារប្រះបាត់ ដំណើរ អាប់</th>
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[insert name of provider or facility]: