



Surprise Bills

A surprise bill is when:

1. You received services from a non-participating physician at a participating hospital or ambulatory surgical center, where a participating physician was not available; or a non-participating physician provided services without your knowledge; or unforeseen medical circumstances arose at the time the services were provided. You did not choose to receive services from a non-participating physician instead of from an available participating physician;

OR

2. You were referred by a participating physician to a non-participating provider, but you did not sign a written consent that you knew the services would be out-of-network and would result in costs not covered by Oscar. A referral to a non-participating provider occurs when: (1) during a visit with your participating physician, a non-participating provider treats you; or (2) your participating physician takes a specimen, such as blood work, from you in the office and sends it to a non-participating laboratory or pathologist.

How to submit a surprise bill

If you have received a service from an out-of-network provider, you received a bill for those services and you did not know that the provider was not in the OSCAR network, your claim may qualify as a 'surprise bill'.

In this case, submit a [benefit assignment form](#) to us at help@hioscar.com and ask your provider to submit a claim to Oscar (Electronic Payer ID 11303 or to MagnaCare, PO BOX 1001, Garden City, NY 11530).

We will review your situation and get back to you as soon as we can.

We will pay surprise bill claims at 55% of the usual, customary, and reasonable (UCR) charge value for each procedure code. UCR values are the 80th percentile of non-discounted charges as listed in the FAIR Health national benchmark database for the relevant geographic area. On average, the allowed value for the claims that we have paid at Oscar is 51% of UCR. This calculation accounts for all professional claims excluding any office-administered medication.