



PULMONARY ASSOCIATES OF RICHMOND
YOUR RIGHTS UNDER THE NO SURPRISES ACT
Patient Information Guide

1000 Boulders Parkway, Suite 102 | Richmond, VA 23225

Phone: (804) 320-4243 | Fax: (804) 282-1486

Hours: Monday - Friday, 8:00 AM - 5:00 PM

www.paraccess.com

WHAT IS THE NO SURPRISES ACT?

The No Surprises Act is a federal law (effective January 1, 2022) that protects you from unexpected medical bills when you:

- ✓ Receive emergency care from out-of-network providers
- ✓ Get care from out-of-network providers at in-network facilities
- ✓ Use out-of-network air ambulance services

This law ensures you only pay in-network cost-sharing amounts (copays, coinsurance, and deductibles) for these services.

YOUR PROTECTED RIGHTS

1. RIGHT TO A GOOD FAITH ESTIMATE

Before receiving services, you have the right to receive a written estimate of expected charges.

- ▶ Request your estimate: Call (804) 320-4243
- ▶ We will provide it within 3 business days
- ▶ Includes: Expected charges for all services during your visit

2. PROTECTION FROM BALANCE BILLING

You CANNOT be balance billed for:

- X Emergency services (even at out-of-network facilities)
- X Certain services at in-network facilities from out-of-network providers (anesthesia, pathology, radiology, etc.)
- X Emergency air ambulance services

You only pay your normal in-network copay, coinsurance, and deductible

3. RIGHT TO CHOOSE YOUR PROVIDER

You can choose out-of-network providers, BUT:

- ▶ You must receive written notice at least 72 hours before service
 - ▶ The notice must include a Good Faith Estimate
 - ▶ You must sign a consent form
- ▶ You can cancel/rescind consent any time before service

4. RIGHT TO DISPUTE YOUR BILL

If your bill is \$400+ MORE than your Good Faith Estimate: STEP 1: Contact us within 120 days

Phone: (804) 320-4243

Email: billing@pulmonaryrichmond.com

STEP 2: If unresolved, initiate federal dispute resolution

Phone: 1-800-985-3059

Website: www.cms.gov/nosurprises

Fee: \$25 (non-refundable)

UNDERSTANDING BALANCE BILLING

WHAT IS BALANCE BILLING?

Balance billing occurs when a provider bills you for the difference between their charge and what your insurance pays.

EXAMPLE:

Provider charges: \$1,000

Your insurance pays: \$ 600

WITHOUT PROTECTION, you could owe: \$ 400

WITH NO SURPRISES ACT PROTECTION:

You only pay your normal copay/deductible

WHEN YOU'RE PROTECTED:

- ✓ All emergency services
- ✓ Certain out-of-network services at in-network facilities
- ✓ Emergency air ambulance transportation

WHEN YOU MAY BE BALANCE BILLED:

- X You knowingly choose an out-of-network provider for non-emergency care
- X You sign a consent form at least 72 hours before service
- X Post-stabilization services if you choose to stay at out-of-network facility

EMERGENCY SERVICES - SPECIAL PROTECTIONS

WHAT QUALIFIES AS AN EMERGENCY?

An emergency medical condition includes:

- Severe pain requiring immediate attention
 - Serious injury or sudden illness
- Conditions where lack of immediate care could cause:
 - Serious danger to your health
 - Serious impairment of bodily functions
 - Serious dysfunction of organs or body parts

YOUR RIGHTS FOR EMERGENCY CARE:

- ✓ You CANNOT be balance billed
- ✓ You do NOT need prior authorization
- ✓ You pay only in-network cost-sharing amounts
- ✓ These protections apply even at out-of-network facilities

AFTER YOU'RE STABILIZED:

If you continue care at an out-of-network facility:

- The facility must inform you that you can transfer to in-network facility
- If you choose to stay, you may be balance billed for additional services

FREQUENTLY ASKED QUESTIONS (FAQs)

Q: Does this apply to my insurance?

A: Yes, if you have private health insurance (employer-sponsored or individual market plans). It does NOT apply to Medicare, Medicaid, VA, or TRICARE.

Q: How do I know if Pulmonary Associates of Richmond is in my network?

A: Call us at (804) 320-4243 before your appointment. We will verify your coverage and inform you of expected costs.

Q: Will I still pay copays and deductibles?

A: Yes. The No Surprises Act protects you from balance billing, but you're still responsible for your normal in-network cost-sharing amounts.

Q: What if I don't have insurance?

A: You still have the right to receive a Good Faith Estimate before services.
Call (804) 320-4243 to request your estimate.

Q: Can I get a cost estimate over the phone?

A: Yes! Call (804) 320-4243. We'll provide your Good Faith Estimate within 3 business days.

Q: What if I receive a surprise bill anyway?

A: Contact our billing department immediately at (804) 320-4243. Do not pay the bill until the issue is resolved.

Q: How long do I have to dispute a bill?

A: You have 120 calendar days from the date you receive the bill to initiate the dispute resolution process.

Q: Is there a fee to dispute?

A: Yes, there's a \$25 non-refundable administrative fee for federal dispute resolution. However, if you win, this fee may be refunded.

HOW TO REQUEST A GOOD FAITH ESTIMATE WHEN TO REQUEST:

- Before scheduling a service
- When you want to know costs in advance
- If you're uninsured or not using insurance
- At least 3 business days before your appointment

HOW TO REQUEST:

METHOD 1: PHONE

Call: (804) 320-4243

Ask for: Billing Department

Hours: Monday-Friday, 8:00 AM - 5:00 PM

METHOD 2: EMAIL

Email: billing@pulmonaryrichmond.com

Include: Your name, date of birth, scheduled service, and date

METHOD 3: IN PERSON

Visit: 1000 Boulders Parkway, Suite 102, Richmond, VA 23225

Ask: Front desk staff for a Good Faith Estimate request form

WHAT YOU'LL RECEIVE:

- ✓ Expected charges for your scheduled service
- ✓ Expected charges for related services
- ✓ Estimated out-of-pocket costs
- ✓ Information about other providers who may bill separately

TIMELINE:

We will provide your Good Faith Estimate within 3 business days of your request (or 1 business day if you schedule within 3-10 days of service).

DISPUTE RESOLUTION PROCESS

IF YOUR BILL IS \$400+ MORE THAN YOUR GOOD FAITH ESTIMATE:

STEP 1: CONTACT PULMONARY ASSOCIATES OF RICHMOND

Phone: (804) 320-4243

Email: billing@pulmonaryrichmond.com

Address: 1000 Boulders Parkway, Suite 102, Richmond, VA 23225

Timeline: Contact us within 120 days of receiving the bill

We will work with you to:

- Review your Good Faith Estimate
- Explain any differences in charges
- Resolve the issue fairly and promptly

STEP 2: FEDERAL DISPUTE RESOLUTION (IF NEEDED)

If we cannot resolve your concern, you can initiate formal dispute:

Federal Patient-Provider Dispute Resolution

Phone: 1-800-985-3059 (Available 24/7)

Website: www.cms.gov/nosurprises

Requirements:

- Must initiate within 120 days of receiving bill
 - \$25 non-refundable administrative fee
- Provide copy of Good Faith Estimate and final bill

Process:

- Independent third party reviews your case
- Decision typically made within 30-60 days
 - Decision is binding on both parties

STEP 3: FILE A COMPLAINT (IF RIGHTS VIOLATED)

Centers for Medicare & Medicaid Services (CMS)

Phone: 1-800-985-3059

Website: www.cms.gov/nosurprises/consumers/file-a-complaint

Virginia State Corporation Commission - Bureau of Insurance

Phone: 1-877-310-6560 or (804) 371-9741

Website: www.scc.virginia.gov/boi

Email: bureauofinsurance@scc.virginia.gov

OUR COMMITMENT TO BILLING TRANSPARENCY

At Pulmonary Associates of Richmond, we are committed to:

✓ TRANSPARENCY

- Providing clear, upfront cost information
- Verifying insurance coverage before appointments
- Explaining your benefits and out-of-pocket costs

✓ COMPLIANCE

- Following all federal and state billing laws
- Protecting your rights under the No Surprises Act
- Maintaining HIPAA-compliant billing practices

✓ PARTNERSHIP

- Working with you to understand costs
- Offering payment plans when needed
- Resolving billing concerns promptly

✓ SUPPORT

- Dedicated billing team available to help
 - Clear communication about charges
 - Assistance with insurance questions

IMPORTANT CONTACT INFORMATION

PULMONARY ASSOCIATES OF RICHMOND



ADDRESS

1000 Boulders Parkway, Suite 102

Richmond, VA 23225



MAIN OFFICE

Phone: (804) 320-4243

Fax: (804) 282-1486



BILLING DEPARTMENT

Phone: (804) 320-4243

Email: billing@pulmonaryrichmond.com



OFFICE HOURS

Monday - Friday: 8:00 AM - 5:00 PM

Saturday - Sunday: Closed

 ONLINE

Website: www.paraccess.com

FEDERAL RESOURCES

Centers for Medicare & Medicaid Services (CMS)

Phone: 1-800-985-3059 (24/7, multilingual)

Website: www.cms.gov/nosurprises

TTY/TDD: 1-877-486-2048

U.S. Department of Health & Human Services

Website: www.hhs.gov

VIRGINIA STATE RESOURCES

Virginia State Corporation Commission - Bureau of Insurance

Phone: 1-877-310-6560 or (804) 371-9741

Website: www.scc.virginia.gov/boi

Email: bureauofinsurance@scc.virginia.gov

Address: P.O. Box 1157, Richmond, VA 23218

Virginia Department of Health

Phone: (804) 367-2102

Website: www.vdh.virginia.gov

CONSUMER ADVOCACY

Patient Advocate Foundation

| Phone: 1-800-532-5274

Website: www.patientadvocate.org

LANGUAGE ASSISTANCE SERVICES

Language assistance services are available FREE OF CHARGE.

ESPAÑOL (SPANISH)

Si necesita asistencia en español sobre la Ley de No Sorpresas, llame:

- Pulmonary Associates of Richmond: (804) 320-4243
- Federal Hotline: 1-800-985-3059

OTHER LANGUAGES

For assistance in other languages, call:

- Federal Hotline: 1-800-985-3059 (24/7, multilingual support)

HEARING IMPAIRED

- TTY/TDD: 1-877-486-2048

QUICK REFERENCE CHECKLIST

BEFORE YOUR APPOINTMENT:

- ☐ Verify insurance coverage - Call (804) 320-4243
- ☐ Request Good Faith Estimate if needed
- ☐ Understand your copay, coinsurance, and deductible
- ☐ Ask about payment options if uninsured

AFTER RECEIVING A BILL:

- ☐ Review bill carefully and compare to Good Faith Estimate
- ☐ Check for errors or unexpected charges
- ☐ Contact billing department with questions: (804) 320-4243
- ☐ If bill is \$400+ more than estimate, initiate dispute within 120 days

IF YOU NEED HELP:

- ☐ Contact our billing department first
- ☐ Call federal hotline: 1-800-985-3059
- ☐ File complaint if rights violated

☐ Seek assistance from patient advocacy organizations

IMPORTANT LEGAL INFORMATION

EFFECTIVE DATE: January 1, 2022

LAST UPDATED: January 2026

COMPLIANCE: This practice complies with the No Surprises Act (Public Law 116-260) and implementing regulations (45 CFR Part 149)

DISCLAIMER: This document provides general information about the No Surprises Act and your rights as a patient. It is not legal or financial advice. For specific questions about your situation, please contact our office, your insurance company or consult with appropriate professionals.

PRIVACY: Your health information is protected under HIPAA regulations. We maintain strict confidentiality and security measures to safeguard your personal and medical information.

PULMONARY ASSOCIATES OF RICHMOND

Excellence in Respiratory Care

Accepting New Patients | Most Insurance Plans Accepted

Same-Day Appointments Available for Urgent Needs

 (804) 320-4243

 1000 Boulders Parkway, Suite 102, Richmond, VA 23225

 www.paraccess.com.com

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CPT Codes	Description	Patient Self Pay Amt
31500	Intubation, Endotracheal, ER	\$ 171.00
31502	Trach tube change	\$ 43.00
31600	Trachs Plnd Spx	\$ 370.00
31622	Bronchoscopy, Rigid or Flexible	\$ 159.00
31623	Bronchoscopy, Rigid or Flexible	\$ 160.00
31624	Bronchoscopy, Diagnostic	\$ 162.00
31625	Bronchoscopy, Rigid or Flexible	\$ 189.00
31626	Bronchoscopy w/markers	\$ 237.00
31627	Electromagnetic navigation bronchoscopy	\$ 117.00
31628	Bronchoscopy, Rigid or Flexible	\$ 212.00
31629	Bronchoscopy, Rigid or Flexible	\$ 225.00
31630	Brnchsc W/Tracheal/Brncl Dilat/Clsd Rdct	\$ 240.00
31631	Brnchsc W/Placement Tracheal Stent	\$ 272.00
31632	Bronchoscopy, Rigid or Flexible	\$ 60.00
31633	Bronchoscopy, Rigid or Flexible	\$ 76.00
31634	Bronchoscopy, Balloon Occulsion	\$ 200.00
31635	Brnchsc W/Removal Foreign Body	\$ 211.00
31636	Bronch w/ Stent placement	\$ 262.00
31637	Addtnl Bronch Stented	\$ 93.00
31638	Brnchsc Revj Tracheal/Brncl Stent Ins Pr	\$ 298.00
31640	Brnchsc W/Excision Tumor	\$ 300.00
31641	Bronch w/Stenosis relief	\$ 308.00
31643	Bronch w/Cath Placement	\$ 212.00
31645	Theraputic Bronch	\$ 177.00
31646	Theraputic Bronch Subsequent	\$ 171.00
31647	Bronch w/insert of bronch valve,1st lobe	\$ 249.00
31648	Bronch w/remove of bronch valve 1st lobe	\$ 239.00
31649	Bronch w/remove of bronch valve additional lobe	\$ 81.00
31651	Bronch w/insert of bronch valve,add lobe	\$ 92.00
31652	Bronch w/EBUS and Transbronchial sampling one or two	\$ 267.00
31653	Bronch w/EBUS and Transbronchial sampling tbree or more	\$ 296.00
31654	Bronch with EBUS diagnostic or therapeutic	\$ 81.00
31660	Bronch w/bronch thermoplasty 1st lobe	\$ 237.00
31661	Bronch w/bronch thermoplasty 2 + lobes	\$ 251.00
32550	Insertion Indewelling Tunneled Pleural Cathe	\$ 247.00
32551	Tube Thoracostomy Includes Water Seal	\$ 189.00
32552	Removal Indwelling Tunneled Pleural Cath	\$ 191.00
32554	Thoracentesis, Needle w/o imaging	\$ 108.00
32555	Thoracentesis, Needle w/imaging	\$ 400.00
32555	Thoracentesis, Needle w/imaging	\$ 133.00
32556	Pleural Drainage Percataneous w/cath w/o guidance	\$ 150.00

CPT Codes	Description	Patient Self Pay Amt
32557	Pleural Drainage Percutaneous w/cath w/guidance	\$ 180.00
32561	Initial Day Installation via chest tube	\$ 256.00
32562	Subsequent Day Installation via chest tu	\$ 83.00
36556	Central Line	\$ 102.00
75989	Radiology Drg W/Plmt Cath Rs&i	\$ 68.00
76604	Us Chest R-T W/Image Documentation	\$ 35.00
76937	Ultrasound Guidance	\$ 17.00
76942	Ultrasonic Guidance (hosp)	\$ 38.00
92950	Resuscitation	\$ 222.00
92960	Cardioversion Elective Arrhyt Xtrnl	\$ 131.00
93005	Ecg Routine Ecg W/Least 12 Lds Trcg Only	\$ 7.40
93015	Cv Strs Tst Xers&/Or Rx Cont Ecg Phys Si	\$ 87.00
94010	Spirometry	\$ 10.00
94060	Bronchodilation Responsiveness	\$ 12.24
94070	Bronchospasm Provocation Evaluation	\$ 82.19
94375	Respir Flo Vol Loop	\$ 49.62
94450	Brthing Rspse Hypoxia Hypoxia Rspse Curv	\$ 134.17
94450	Brthing Rspse Hypoxia Hypoxia Rspse Curv	\$ 26.83
94621	PFT	\$ 80.26
94726	PFT- Box w/wo Raw	\$ 15.00
94727	PFT No box Washout Method	\$ 15.00
94728	PFT Oscillometry	\$ 15.00
94729	DLCO/Diffusion Capacity	\$ 11.00
99221	Hospital Initial	\$ 120.00
99222	Hospital Initial	\$ 162.00
99223	Hospital Initial	\$ 237.00
99231	Subsequent Hospital	\$ 51.80
99232	Subsequent Hospital	\$ 86.00
99233	Subsequent Hospital	\$ 125.71
99234	Obs/I/P Hosp Care Low Severity	\$ 103.38
99235	Obs/I/P Hosp Care Moderate Severity	\$ 198.00
99236	Obs/I/P Hosp Care High Severity	\$ 222.72
99238	Hosp Dschrg D Mgmt	\$ 86.00
99239	Hosp Dschrg D Mgmt	\$ 126.00
99291	Cc E/M Critically Ill/Injured	\$ 261.00
99292	Cc E/M Critically Ill/Injured	\$ 132.00

CPT Codes	Description	Patient Self Pay Amt
90791	Psych diagnostic evaluation	\$ 214.00
90792	Psych diagnostic evaluation	\$ 240.00
92507	Speech Therapy	\$ 94.00
92523	Speeck Cognitive Eval	\$ 281.00
92526	Dysphagia Therapy	\$ 104.00
92610	Dysphagia Eval	\$ 105.00
92612	Fiber Endo Swallow Therapy	\$ 238.00
94010	Spirometry	\$ 33.00
94060	Bronchodilation Responsiveness	\$ 51.14
94070	Bronchospasm Provocation Evaluation	\$ 82.19
94375	Respir Flo Vol Loop	\$ 49.62
94617	Excercise Test for Bronchospasm	\$ 108.00
94618	Pulmonary Stress Test (6 minute walk)	\$ 41.00
94621	PFT	\$ 189.00
94640	Pressurized or non pressurized Inh	\$ 14.00
94660	Continuous Positive Airway Pressure	\$ 78.00
94664	Demo of Inhaler	\$ 20.74
94726	PFT- Box w/wo Raw	\$ 67.00
94727	PFT No box Washout Method	\$ 54.00
94728	PFT Oscillometry	\$ 49.00
94729	DLCO/Diffusion Capacity	\$ 72.00
94761	N-Invas Ear/Pls Oximtry F/O2 Sat Mlt Det	\$ 5.00
94762	N-Invas Ear/Pls Oximtry F/O2 Sat Ovrnit	\$ 33.00
95004	Perq Tsts W/ Allgic Xtrcs Immt Rxn	\$ 5.00
95012	Niox	\$ 25.00
95024	Iq Tsts W/Allgic Xtrcs Typ Rxn	\$ 8.95
95027	Iq Tsts Seq&incrl Allgic Xtrcs Airbrn A	\$ 5.41
95028	Iq Tsts W/Allgic Xtrcs Dlyd Typ Rxn W/Re	\$ 14.47
95044	Patch/Appl Tst Spec Number Tsts	\$ 5.80
95052	Photo Patch Tst Spec Number Tsts	\$ 6.98
95056	Photo Tsts	\$ 60.85
95060	Oph Muc Memb Tsts	\$ 47.95
95065	Dir Nsl Muc Memb Tst	\$ 32.99
95070	Inhlj Brncl Challenge Tstg W/Histam/Meth	\$ 46.55
95076	Ingestion Challeng Test >60 minutes	\$ 145.74
95079	Ingestion Challenge Test each addl 60 mi	\$ 100.46
95115	Prof Svcs AllgImm X Prv AllgicXtr single	\$ 12.11
95117	Prof Svcs Allg Imm X Prv Allgic Xtr 2 +	\$ 14.47
95165	Serum Mix	\$ 20.41
95800	Home Sleep Study	\$ 196.00
95803	Actigraphy Testing	\$ 159.61

CPT Codes	Description	Patient Self Pay Amt
95805	Sleept Test Multiple Latency	\$ 565.08
95806	Sleep Test	\$ 121.70
95810	Sleep Test	\$ 794.26
95811	Sleep Test	\$ 834.29
95970	Elec Alys Nstim Pls Gen Brn/Sc/Perph W/O	\$ 23.15
95976	Elect analysis simple prog neurostimulat	\$ 44.75
95977	INSPIRE Device Programming Complex	\$ 59.65
96156	Behavior Health Assessment/Reassessment	\$ 128.28
96372	Biologic Injection	\$ 25.00
96401	Biologic Injection	\$ 93.00
97129	TherapInterven Cognitive Funct 15 mins	\$ 28.00
97130	TherapInterven Cognitive Funct add15 min	\$ 27.00
99202	Office New Patient	\$ 89.00
99203	Office New Patient	\$ 138.00
99204	Office New Patient	\$ 208.32
99205	Office New Patient	\$ 277.73
99211	Office Established Patient	\$ 29.00
99212	Office Established Patient	\$ 69.95
99213	Office Established Patient	\$ 112.18
99214	Office Established Patient	\$ 159.72
99215	Office Established Patient	\$ 226.52
99439	Chronic Care Mgmt Add on Code	\$ 59.41
99453	Remote Patient Monitor Initial Setup	\$ 23.00
99454	Remote Physiologic Monitoring Device	\$ 67.00
99457	Remote Patient Monitoring 20 mins or mor	\$ 60.00
99458	Remote Patient Monitoring ea add 20 min	\$ 49.00
99490	Chronic Care Management	\$ 77.00
G2211	E & M Visit Add On Complex	\$ 20.50