

Why Do I Have a Balance Due After an Ambulance Trip in Texas?

If you were recently transported by an ambulance in Texas, you might be surprised to receive a bill for an outstanding balance—even though your health insurance already paid a portion. This common and frustrating situation is known as **balance billing**.

Here is a breakdown of why this happens, how current laws affect your bill, and what steps you can take next.

Understanding the Out-of-Network Gap

When you call 911, you cannot choose which ambulance company responds. In an emergency, your safety is the only priority.

Most emergency ambulance services are run by local fire departments, municipal governments, or private companies that do not have contracts with private insurance networks. Because they are **out-of-network**, they do not agree to the discounted rates set by your insurance company.

When this happens:

1. The ambulance company charges its standard rate.
2. Your insurance company pays what **they** consider a "reasonable" amount for the service.
3. The ambulance provider bills you for the remaining difference. This is your balance due.

Why Didn't the No Surprises Act Protect Me?

Many patients assume they are protected by federal and state laws designed to stop unexpected medical bills.

- **The Federal No Surprises Act** protects patients from balance billing for emergency room visits, air ambulances, and out-of-network doctors at in-network facilities. However, **ground ambulances were explicitly excluded** from this federal law.
- **Texas State Law (Senate Bill 1264)** offers excellent balance billing protections for Texans, but it generally applies to state-regulated insurance plans and specific medical providers, leaving ground ambulance billing largely unaddressed for many commercial insurance holders.

Because ground ambulances are left out of these sweeping protections, they can still legally bill you for the unpaid balance.

What Can You Do About It?

If you are having difficulty understanding or paying your bill, take these active steps to resolve or lower the balance:

- **Review the Explanation of Benefits (EOB):** Match the bill from the ambulance company with the EOB sent by your insurance provider. Ensure the insurance company processed the claim as an "emergency service," which usually guarantees higher coverage.
 - **Appeal to Your Insurance:** Contact your insurer and ask for an administrative review or appeal. Argue that you had no choice in provider during a medical emergency, and ask them to increase their payment to the ambulance company.
 - **Negotiate with the Ambulance Provider:** Call the billing department listed on the invoice. Ask if they offer a prompt-pay discount, a hardship waiver, or a monthly interest-free payment plan. Many municipal providers are willing to lower the fee for local residents.
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