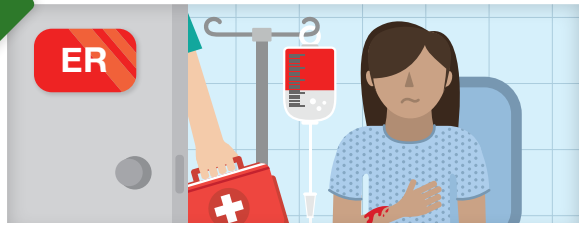


Keep Patients #OutOftheMiddle

How baseball-style arbitration can eliminate "surprise bills" for out-of-network (OON) emergency care.

1 Patient Receives OON ER Care



ER physicians are required by law to treat all patients regardless of insurance network status.

2 Physician Submits Claim For Payment



ER physician submits claim to patient's insurer. The patient is only responsible for any costs as if in-network, and is **now out of the middle**.

3 Insurer Underpays Physician



Insurers generally don't pay the full claim for OON care, and sometimes offer only a low-ball amount.

4 Physician Takes Insurance Company to Arbitration



If both sides can't agree on a fair payment, either party can take the dispute to arbitration.

This model encourages **fair physician claims and insurer payments from the start**, as both sides risk additional expense if taken to arbitration.

5 Arbitrator Review



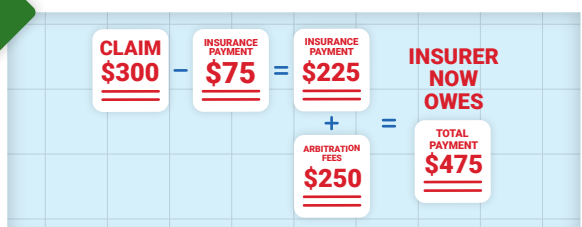
An impartial arbitrator reviews both the physician's claim and the insurer's payment.

6 Arbitrator Decision



The arbitrator makes a final decision and picks **only one**.

7 Loser Pays



The loser has to make the other side whole **and** pay for the arbitration fee (typically \$200-300).

In NY in 2018, only **849 out of about 7.5 million ER cases went to arbitration**, since fair claims and payments are encouraged from the start.

ER VISITS	ARBITRATION VISITS	% OF CASES GOING TO ARBITRATION
7,500,000	849	0.000113%

