



HOSPITAL • REHAB SERVICES • FAMILY CLINIC • CUNNINGHAM CLINIC

750 West D Avenue/Kingman, KS 67068/620-532-3147

SUBJECT: No Surprise Act Disclosure Notice		POLICY NUMBER: BO1003	
DEPARTMENT: Fiscal Services		DATE OF ORIGINAL: 01/04/2022	
MANAGER APPROVAL: Amber Clouse		DATE OF LAST REVISION:	
POLICY COMMITTEE		PAGE 1	OF 1

I. Purpose

The purpose of this policy is to define the process of distributing the No Surprise Billing Act Disclosure to Kingman Healthcare Center's patients.

II. Policy

KHC is committed to meeting the requirements of the No Surprise Billing Act and ensuring our patients are informed of their financial options. The No Surprise Billing Act disclosure is required to be given to all patients who have commercial insurance. Our Patient Service Representatives will provide the patient a copy of the disclosure once every calendar year and as requested by the patient when the patient checks in for services. If the patient is a new patient, they will be given a copy of the disclosure at the check in for services by the Patient Service Representative and once every calendar year or as requested by patient thereafter.