ACCT
Association of Critical Care Transport

PATIENT GUIDE

Did you receive a bill after an air ambulance flight?

Air medical bills are among the highest in healthcare, often **$30,000 to $100,000+**. You have rights and options. This guide explains what happened, what protects you, and exactly what to do.

Why Are Air Medical Bills So High?

Air ambulance services provide intensive, highly specialized, time-critical care to some of the most seriously ill and injured patients. Maintaining this capability requires highly trained clinical and aviation teams, specialized aircraft and equipment, and 24/7 operational readiness, making air medical transport inherently expensive to provide.

Organizations providing this service with relatively low volume will generally have higher charges, which are necessary to cover the costs of the operation. In addition, air ambulance companies are largely unregulated by states when it comes to pricing. Federal law (the Airline Deregulation Act of 1978) prevents states from controlling air ambulance rates.

There are different types of air medical organizations. Some are taxable entities with shareholders while others are departments of hospital systems. Others may be separate not-for-profit or taxable organizations. The structure of each impacts the cost of providing the service.

BY THE NUMBERS

Average base charge	**Approx. $36,000**
Per-mile rate	**$100–$500+**
Insurance payment	**~$6,000–$35,000**
What you could be billed	**$0 up to the entire balance**

Typical charges include: a base rate fee, per-mile charges, and in some cases additional fees for care and therapies provided, such as medications, blood, and breathing machines.

Patient Billing Protections

The **No Surprises Act (2022)** offers important protections, but its coverage of air ambulance services is limited.

What IS Protected

- **If you have insurance:** The NSA limits your cost-sharing (deductible/copay) to in-network amounts. You are usually NOT responsible for the full balance.
- **Independent Dispute Resolution (IDR):** Your insurer can challenge an air ambulance bill through a federal arbitration process between the insurer and the provider, leaving you, the patient, out of the middle.
- **No collections without notice:** Providers must give you a plain-language billing explanation before sending to collections.

Gaps to Know About

- **Uninsured patients:** The NSA does not cap what an air ambulance can charge you if you are uninsured.
- **State protections vary:** Federal law can limit state regulation of air carriers, but check your state's patient protection laws separately.
- **Membership programs:** Some services offer annual memberships that waive balances. These are NOT insurance and do have limitations.
- **Insurance plan design:** Some employers self-fund their health insurance, and these plans may not be subject to the NSA. Health plans occasionally cap the benefit for air medical transport, leaving the balance to the patient.

Step-by-Step: What to Do When You Get the Bill

1 Do NOT pay immediately

Wait until you have reviewed all Explanations of Benefits (EOBs) from your insurance and understand exactly what you owe. Paying early may waive your right to dispute.

2 Request an itemized bill

You have the right to a complete itemized statement. Look for duplicate charges, billing code errors, or services you did not receive.

3 File an appeal with your insurer

If insurance denied or underpaid and you are charged the balance, file a formal appeal within the deadline (usually 30–180 days). Ask your insurer to use the federal IDR process for air ambulance disputes. Note that non-covered services are not covered by the NSA, and only certain commercial plans are covered.

4 Negotiate directly with the provider

Most providers will negotiate. Ask for a financial hardship reduction, a prompt-pay discount, or a payment plan. Get any agreement in writing before paying.

5 Seek a patient advocate

Nonprofit patient advocates and hospital billing advocates can negotiate on your behalf, often at no cost to you. Many hospitals have financial counselors available to help.

6 File a complaint if needed

Report billing disputes to your state insurance commissioner, the CMS No Surprises Help Desk (800-985-3059), or the Consumer Financial Protection Bureau (CFPB) if sent to collections.

A note about your Explanation of Benefits (EOB): You may have received an EOB from your insurance company. You do not need to treat it as a bill. It is only a summary of what the plan processed and may not match the provider's actual invoice. If you have questions about the EOB, contact your insurance company.

Key Resources & Contacts

CMS No Surprises Help Desk

Federal help for billing disputes under the No Surprises Act.

1-800-985-3059
nosurprises.cms.gov

Patient Advocate Foundation

Free case management and negotiation services for patients facing medical debt.

1-800-532-5274
patientadvocate.org

CFPB (Medical Debt)

File a complaint if you are sent to collections for a disputed medical bill.

1-855-411-2372
consumerfinance.gov/complaint

Remember: You are not powerless.

Thousands of patients successfully reduce or eliminate air medical bills every year through appeals, negotiation, and advocacy. Don't give up.