

NOTE: These recommended standards do not apply to Medicaid or Medicaid Managed Care patients because there are no out-of-pocket costs.

HOSPITAL FACILITY FEE DISCLOSURE – UNIFORM RECOMMENDED STANDARDS

BILLING AND FEE DISCLOSURE

- The [ABC MEDICAL PRACTICE] is an **outpatient department** of [MARYLAND HOSPITAL].
- *IF [PHYSICIAN OR PHYSICIAN PRACTICE] is available at a non-hospital location, notify patient of alternative location. (See Disclosure of Alternative)*
- You will receive **two charges** for your visit.
 1. A **physician services bill** from the doctor
AND
 2. A **hospital facility bill** from [MARYLAND HOSPITAL].
- [MARYLAND HOSPITAL] will charge your insurance company for the hospital facility charge.
- You will receive a bill for any remaining amount you owe after your insurance claim has been processed.
- **For more information on your health insurance, please contact your insurance company. Your insurer can tell you what you should expect to pay.**
 - The average amount billed to your insurance company for the hospital office visit (evaluation and management) is likely to range from [\$XXX to \$YYY], based on the level of service required. These estimates are updated at least annually.
 - This is an estimate. The actual charge to your insurance company may change based on the length of your visit and the services you receive. Your costs will depend on your insurance coverage, including any deductibles or co-pays.
 - This estimate is for the hospital fee only. It does not include the doctor's time or other services like minor surgical procedures, X-Ray, MRI, lab, injections, administration of IV therapy, or other treatments. If you need these other services, call your insurance company to find out about additional charges.
- **Financial help for your portion of the hospital bill may be available.** If you need financial help for the hospital services bill, please contact [HOSPITAL/HEALTH SYSTEM CONTACT INFORMATION].
- *Document that patient received information prior to visit (See Patient Acknowledgement)*

If you have questions or concerns about your insurance payment, please contact your insurance company.

For additional information about insurance, contact:

Maryland Insurance Administration: 410-468-2340 or 1-800-492-6116

<https://insurance.maryland.gov/Consumer/pages/FileAComplaint.aspx>

Health Education and Advocacy Consumer Protection Division of the Office of the Attorney General: 410-528-1840 or email: heau@oag.state.md.us.

DISCLOSURE OF PHYSICIAN ALTERNATIVE: Telephone script, website or hard copy

- The services provided by this **physician or physician practice [ARE or ARE NOT]** available at a location other than the hospital.
 - **If physician or practice is available at another location**, disclose location and contact information for alternative site.
 - As a patient, you should check with your insurance company to see if there is a lower cost at another location.
 - **If physician or practice is NOT available, remind patient to check with their insurance company to understand their responsibility.**

PATIENT ACKNOWLEDGEMENT (NOTE: this could be a screen, hardcopy or documentation of verbal notification)

- *As a patient, I acknowledge that the hospital provided information about my visit. I understand I will be billed for the hospital facility AND also for the doctor's fee. I understand that these services [ARE or ARE NOT] available at another location, the hospital provided me an estimated range of the charges billed to my insurance carrier, that the final charge may vary based on the services I use, and, that my out of pocket costs depend on my insurance coverage. The hospital provided me with billing and insurance contact information.*
- *By clicking yes (website), confirming verbally (telephone) or signing form (mail), I acknowledged that I've received this information.*