



Texas Department of State Health Services

HOUSE BILL 2041

Notice Requirement

- **This facility is a freestanding emergency medical care facility. The facility charges rates that are comparable to a hospital emergency room and may also charge a facility fee.**
- **The facility or a physician providing medical care at this facility may [not] be an out-of-network [a participating] provider for [in] the patient's health benefit plan provider network.**
- **The physician providing medical care at this facility may bill separately from the facility for the medical care provided to a patient.**
- **This facility is an out-of-network [not a participating] provider for all [in any] health benefit plans [plan provider network].**

SIGNATURE_____

INITIAL_____



Disclosure Statement Required

Facility fees that may result from the patient's visit.

Facility Fees:

LEVEL OF SERVICE	FACILITY FEE
EMERGENCY DEPT VISIT - Level 1	\$288.42
EMERGENCY DEPT VISIT - Level 2	\$576.11
EMERGENCY DEPT VISIT - Level 3	\$1,152.16
EMERGENCY DEPT VISIT - Level 4	\$1,392.08
EMERGENCY DEPT VISIT - Level 5	\$1,920.27

LEVEL OF SERVICE	RANGE OF POSSIBLE FACILITY FEE FOR SERVICE
EMERGENCY DEPT VISIT - Level 1	Less than \$500
EMERGENCY DEPT VISIT - Level 2	\$550 - \$2,000



EMERGENCY DEPT VISIT - Level 3	\$1,000 - \$10,000
EMERGENCY DEPT VISIT - Level 4	\$1,500 - \$45,000
EMERGENCY DEPT VISIT - Level 5	\$2,000 - \$55,000

Physician Fees:

LEVEL OF CARE	PHYSICIAN FEE
EMERGENCY DEPT VISIT - Level 1	\$200.00
EMERGENCY DEPT VISIT - Level 2	\$293.04
EMERGENCY DEPT VISIT - Level 3	\$554.40
EMERGENCY DEPT VISIT - Level 4	\$752.40
EMERGENCY DEPT VISIT - Level 5	\$1,920.27
CRITICAL CARE (30-74 MIN)	\$2,110.00
CRITICAL CARE (EACH ADDITIONAL 30 MIN)	\$899.85
INITIAL OBSERVATION CARE - Level 1	\$606.90
INITIAL OBSERVATION CARE - Level 2	\$825.08
INITIAL OBSERVATION CARE - Level 3	\$1,129.53
OBSERVATION CARE DISCHARGE	\$588.47
OBSERVATION ADMIT/DISCHARGE - Level 1	\$975.82



OBSERVATION ADMIT/DISCHARGE - Level 2	\$1,241.70
OBSERVATION ADMIT/DISCHARGE - Level 3	\$1,596.07

Facility's observation fees that may result from the patient's visit.

Observation Hours x Observation Fee per Hour (\$832.26) + facility fee based on ED Level

(Let's say patient was in Observation for 4 hours than Observation Fee will be \$3,329.04 + facility fee based on ED Level.

This facility is an out-of-network [not a participating] provider for all [in any] health benefit plans [plan provider network].

May include information on the facility's procedures for seeking reimbursement from the patient's health benefit plan.

"This facility charges a facility fee for medical treatment. The average facility fee for patient treatment is \$5,000."

"This facility charges an observation fee for medical treatment. The average observation fee for patient treatment is \$12,400."

SIGNATURE_____

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Note:

A new House Bill 1941 is taking effect from September 1, 2019 which states...

If the price alleged to be unconscionable is more than 200 percent of the average charge for the same or substantially similar care provided to other individuals by a hospital emergency room according to data collected by the Department of State Health, consumer protection division may bring an action under Section 17.47.

SIGNATURE_____

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