



**MedStar Health**

**NOTICE OF HOSPITAL OUTPATIENT FACILITY FEE AND BILLING DISCLOSURE**

**IMPORTANT FINANCIAL INFORMATION**

PATIENT NAME: \_\_\_\_\_ APPOINTMENT DATE: \_\_\_\_\_

- A. Your appointment with Wound Care will take place in an outpatient department of Medstar Good Samaritan Hospital
- B. Medstar Good Samaritan Hospital will charge a clinic outpatient facility fee that is separate from and in addition to the bill you will receive from your provider.
- C. You will receive two charges for your visit:
  - 1. A provider services charge from the physician or advanced provider that treats you and
  - 2. A hospital facility charge from Medstar Good Samaritan Hospital.

**EXPECTED FEE**

Medstar Good Samaritan Hospital clinic facility fee is likely to range\* from \$101.48 to \$372.11 for each visit.

We are providing you with a range of clinic fees because the actual amount of the clinic facility fee will depend on the level of hospital services that are actually provided. The fee could be higher if you require services during your appointment that we cannot reasonably predict today.

Financial help for your portion of the outpatient facility fee bill may be available.

If you need financial help with the outpatient facility bill, please contact Local 410-933-4966 Toll Free 844-817-6087.

Receiving services here may result in greater financial liability than receiving services at a location where a facility fee may not be charged.

**NO FACILITY FEE LOCATION**

Based on the provider or service you have chosen, there is no alternative MedStar location in our geographic area where a facility fee can be avoided

Contact your insurance carrier to see if your provider is a participating provider and in-network at the alternate location.



# MedStar Health

## INSURANCE INFORMATION

1. The amount of the outpatient clinic facility fee that you will be responsible for paying will depend on your insurance coverage.
2. Insurance companies could impose deductibles or higher copayment, or coinsurance amounts for services provided in hospital outpatient departments.
3. If you have insurance, you should contact your carrier to determine your insurance coverage and your estimated financial responsibility for the facility fee, including copayments, coinsurance, and deductible amounts for the outpatient facility fee.

## FACILITY FEE COMPLAINTS

If you have a complaint about an outpatient clinic facility fee charge, please first contact the hospital, Local 410-933-4966 Toll Free 844-817-6087.

If the complaint is unresolved, you may then file the complaint with the Health Services Cost Review Commission. EMAIL: ([hsrc.patient-complaints@maryland.gov](mailto:hsrc.patient-complaints@maryland.gov))

If you need additional information regarding your outpatient clinic facility fee charges or if you need assistance mediating a facility fee complaint against a hospital, contact the health education and advocacy unit of the office of the attorney general, 1-877-261-8807, [HEAU@OAG.STATE.MD.US](mailto:HEAU@OAG.STATE.MD.US) | [WWW.MARYLANDCARES.ORG](http://WWW.MARYLANDCARES.ORG).

## ACKNOWLEDGMENT

1. I understand that I will be billed a hospital clinic facility fee and a provider fee.
2. Medstar Good Samaritan Hospital provided me with the information on the facility fees that will be billed for my appointment.
3. I understand that the fee could vary based on conditions and services provided to me that the hospital cannot reasonably predict today.
4. I understand that my out-of-pocket costs will depend on my insurance coverage.

\_\_\_\_\_ (INITIAL HERE) – by initialing here, I confirm that I received the facility fee information at the time I made my appointment with my provider.

By signing this form, I acknowledge that I have received this information before receiving services today.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

The department will consult the language line for assistance when necessary. To request this notice in an alternate format, please ask any administrative associate or member of your care team.

El departamento consultará la línea de idiomas para obtener ayuda cuando sea necesario. Para solicitar este aviso en un formato alternativo, pregúntele a cualquier asociado administrativo o miembro de su equipo de atención.

\*Note – The estimated range of fees covers the outpatient facility fee only and there may be additional charges for procedures and/or other ancillary services that may be provided at the time of your clinic visit (i.e., wound debridement, medication/vaccine administration, etc.), if determined to be clinically appropriate by your provider.