**Patient Disclosure Statement**

You *will not* be balanced billed for your emergency medical treatment received today.

*“Balance billing”* is the difference between the billed charges and what your commercial health insurance plan allows. Your commercial health Insurance plan will determine if you will be required to pay any deductible, coinsurance and or/ copay amounts.

“Commercial health insurance plans” are healthcare policies that are not administered by the government. Your commercial health insurance plan will be billed if all applicable consents and forms are signed.

After the billing processes have been completed, patients paid an average of one hundred four dollars for facility fees and sixty-eight dollars for observation fees.

This facility charges a facility fee for medical treatment. The median facility fee is three thousand twenty- three dollars. The range of possible facility fees is between five hundred dollars and one hundred thousand dollars. Facility Fees for each level of care provided at the facility are: level one is two hundred fifty dollars; level two is six hundred dollars; level three is one thousand two hundred dollars.

This facility charges an observation fee for medical treatment. The median observation fee is twenty-five thousand. The range of possible observation fees is between one thousand and one hundred thousand dollars. Self Pay Observation fees for each level of care provided at the facility are one hundred dollars per hour.

I have received a Copy of Patient Disclosure Statement.

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Signature of Patient or Representative Relationship to Patient Date

I have given a Copy of Patient Disclosure Statement.

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Signature of Staff Printed Staff Name Date

Updated 2023