



IMPORTANT FINANCIAL INFORMATION

Patient Name: _____

Appointment Date: _____

Notice of Hospital Outpatient Facility Fee and Billing Disclosure

Your appointment with Cardiac Rehab Clinic will take place in a hospital outpatient department of Carroll Hospital Center.

Expected fee:

Services	Min Charge	Max Charge	Average Charge
CARDIAC/PULMONARY REHAB	\$110	\$114	\$112

The hospital outpatient department facility fee could be higher if you require services during your appointment that we cannot reasonably predict today.

Financial help for your portion of the hospital outpatient department facility fee bill may be available. If you need financial help with the hospital outpatient facility fee bill, please contact our financial counselor at 410-871-7346 or download the application at LifeBridgeHealth.org under QUICK LINKS.

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

No Hospital Outpatient Facility Fee Location:

_____ does NOT see patients at any other location that does not have hospital outpatient facility fees within LifeBridge Health.

INSURANCE INFORMATION:

Health Insurance and Medicare:

1. The amount of the hospital outpatient department facility fee that you will be responsible for paying will depend on your health insurance or Medicare coverage¹.
2. Health insurance companies could impose deductibles or higher copayment, or coinsurance amounts for services provided in hospital outpatient departments.
3. If you have health insurance, you should contact your health insurance company to determine your health insurance coverage and your estimated financial responsibility for the hospital outpatient department facility fee, including copayments, coinsurance, and deductible amounts for the outpatient facility fee.

FACILITY FEE COMPLAINTS

If you have a complaint about an outpatient department facility fee charge, please contact our financial counselor at 410-871-7346.

If the complaint is unresolved, you may then file the complaint with the Health Services Cost Review Commission hscrc.patient-complaints@maryland.gov.

If you need additional information regarding your 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; www.MarylandCares.org

¹ Medicaid (primary and secondary) and Medicaid Managed Care Organizations (MCOs) only will not have a balance due.