



HB2041 DISCLOSURE

RICE EMERGENCY ROOM is a free-standing emergency center and charges a facility fee. RICE EMERGENCY ROOM is not in-network with any benefit plans at this time. For more information on RICE EMERGENCY ROOM fees, please visit our website at www.RiceEmergencyRoom.com.

RICE EMERGENCY ROOM

Kimberly Garret

Facility Administrator

2500 Rice Blvd.

713-527-4400



Texas Department of State Health Services HOUSE BILL Notice Requirement

Welcome to Rice Emergency Room. You and your family are important to us, and we value your trust in allowing us to serve your medical needs.

- Rice Emergency Room is a full service and fully state licensed Emergency Room. The charges for our services are comparable to the charges you would have to pay at a hospital emergency room and may have a facility fee. These costs cover services we provide to our patients with board certified physicians, highly trained staff, state-of-the-art equipment, full-service laboratory and imaging services, all to be available 24/7.
- Rice Emergency Room will bill most commercial insurance companies on your behalf, and you are only responsible for payment of any copay, deductible and co-insurance your insurance plan requires. The exceptions are Medicare, Medicaid, and Tricare, which do not recognize Freestanding Emergency Rooms at this time.
- We DO NOT surprise bill our patients for any charges not allowed by their insurance.
- Rice Emergency Room is not currently In-Network with any insurance plans.
- Our discounted prompt-pay plans are available to any patients who do not have insurance coverage. Please let us know if you would like more information about the cost-saving options.

The facility or a physician providing medical care at this facility may (not) be an Out-Of-Network (a participating) provider for or on the patients' health plan provider network.

The physician providing medical care at this facility may bill separately from the facility for the medical care provided to the patient.

Disclosure Statement Required Facility Fees that may result from the patients visit. Facility Fees:

Facility Fees: LEVEL OF SERVICE FACILITY FEE EMERGENCY DEPT VISIT

| Level Of Care | Cost | Range |
|------------------------------|------------|---------------------------|
| Emergency Dept Visit Level 1 | \$500.00 | Up To \$500 |
| Emergency Dept Visit Level 2 | \$2,456.32 | \$2,456.32 To \$2,883.64 |
| Emergency Dept Visit Level 3 | \$4,065.85 | \$4,065.85 To \$5,718.86 |
| Emergency Dept Visit Level 4 | \$6,098.36 | \$6,098.36 To \$12,188.40 |
| Emergency Dept Visit Level 5 | \$8,765.63 | \$8,765.63 To \$32,290.61 |

Physician Fees: LEVEL OF SERVICE CARE PHYSICIAN FEE EMERGENCY DEPT

| Level Of Care | Cost | Range |
|------------------------------|------------|--------------------------|
| Emergency Dept Visit Level 1 | \$500.00 | Up To \$500 |
| Emergency Dept Visit Level 2 | \$2,061.29 | \$2,061.29 To \$2,756.70 |
| Emergency Dept Visit Level 3 | \$3,518.87 | \$3,518.87 To \$3,955.85 |
| Emergency Dept Visit Level 4 | \$5,049.58 | \$5,049.58 To \$5,591.32 |
| Emergency Dept Visit Level 5 | \$6,042.13 | \$6,042.13 To \$7,131.62 |

CRITICAL CARE:

CRITICAL CARE (UP TO 74 MIN) \$11,958.87 CRITICAL CARE (EACH ADDITIONAL \$3,564.67 30 MIN)

THE FACILITY CHARGES AN OBSERVATION FEE FOR MEDICAL TREATMENT.

INITIAL OBSERVATION CARE: OBSERVATION CARE \$2,500 FACILITY / HR MEDIAN OBSERVATION (\$2,500 - \$4,500)

OBSERVATION CARE PHYSICIAN:

DATE SPAN: DAY1 LEVEL 1 (\$2,550.32) LEVEL 2 (\$4,091.31) LEVEL 3 (\$5,014.21) DISCHARGE (\$2,065.87 - \$2,534.27)