



HB 2041 DISCLOSURE

Fairfield Emergency Room is an out-of-network provider for all health benefit plans. Fairfield Emergency Room will work with your insurer to file a claim on your behalf and use all reasonable and lawful efforts to ensure your insurer reimburses at the highest level of benefits in accordance with state and federal law and your specific benefit plan.

**This facility charges a facility fee for medical treatment:
*The Median facility fee for [Fairfield ER] is \$5,273.58**

| Level Of Care | Facility Fee |
|-------------------------------------|---------------------|
| Emergency Dept Visit Level 1 | \$500.00 |
| Emergency Dept Visit Level 2 | \$3,355.15 |
| Emergency Dept Visit Level3 | \$4,525.65 |
| Emergency Dept Visit Level 4 | \$6,750.75 |
| Emergency Dept Visit Level 5 | \$9,575.50 |

| Level Of Service | Range of Possible Fees |
|-------------------------------------|-----------------------------------|
| Emergency Dept Visit Level 1 | Up To \$500 |
| Emergency Dept Visit Level 2 | \$3,355.15 To \$5,272.69 |
| Emergency Dept Visit Level3 | \$4,525.65 To \$14,131.72 |
| Emergency Dept Visit Level 4 | \$6,750.75 To \$41,780.79 |
| Emergency Dept Visit Level 5 | \$9,575.50 To \$109,527.41 |

This facility charges an observation fee for medical treatment:

| Observation Fees | |
|---|-------------------------------|
| Median Observation Fee | \$6,750.75 |
| Range of Observation Fees | \$2,500.00 To \$45,000 |
| Observation Fee for Level of Service | \$2,500.00 |

| Range of Observation | |
|------------------------------|----------------------------|
| Level Of Service | Range of Possible Fees |
| Emergency Dept Visit Level 1 | - |
| Emergency Dept Visit Level 2 | - |
| Emergency Dept Visit Level3 | - |
| Emergency Dept Visit Level 4 | - |
| Emergency Dept Visit Level 5 | \$12,075.5 To \$109,527.41 |

I acknowledge receiving a copy of this disclosure statement. For any further questions regarding this disclosure statement, you may contact the following:

Fairfield Emergency Room
 Leslie Huerta, Facility Administrator
 15103 Mason Road, Ste E-1
 Cypress, TX 77433
 832-619-7937

Patient/Legal Representative Name:_____

Date:_____

Patient /Legal Representative Signature:_____

Date:_____

Witness Name:_____

Date:_____

Witness Signature:_____

Date:_____