



Texas Department of State Health Services HOUSE BILL 2041
Notice Requirement

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

- Memorial Village is a full service and fully state licensed Emergency Room. The charges for our services are comparable to the charges you would have at a hospital emergency room and may have a facility fee. These costs cover the services we provide 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.
- Memorial Village ER 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.
- Memorial Village ER is not currently in-network with any insurance plans.
- Our discounted prompt-pay plan is available to any patient who does not have insurance coverage. Please let us know if you want information about this cost saving option.





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- This facility is a freestanding emergency medical care facility. The facility charges rates that are comparable to a hospital emergency room and may also charge a facility fee.
 - The facility or a physician providing medical care at this facility may [not] be an out-of-network [a participating] provider for [in] the patient's health benefit plan provider network.
 - The physician providing medical care at this facility may bill separately from the facility for the medical care provided to a patient.
 - This facility is an out-of-network [not a participating] provider for all [in any] health benefit plans [plan provider network]

SIGNATURE _____ INTIAL _____

STAFF SIGNATURE _____

Disclosure Statement Required Facility fees that may result from the patient's visit. Facility Fees:





LEVEL OF SERVICE FACILITY FEE EMERGENCY DEPT VISIT

	Cost	Range
Level 1	\$590.11	Less than \$800
Level 2	\$980.76	\$800 - \$2000
Level 3	\$2490.93	\$2000 - \$3000
Level 4	\$3612.33	\$3000 - \$4000
Level 5	\$4245.12	\$4000 - \$5000

Physician Fees: LEVEL OF CARE PHYSICIAN FEE EMERGENCY DEPT

	Cost	Range
Level 1	\$590.11	Less than \$800
Level 2	\$980.76	\$800 - \$2000
Level 3	\$2490.93	\$2000 - \$3000
Level 4	\$3612.33	\$3000 - \$4000
Level 5	\$4245.12	\$4000 - \$5000

CRITICAL CARE

CRITICAL CARE (UP TO 74 MIN) \$4027.65

CRITICAL CARE (EACH ADDITIONAL \$1,592.77 30 MIN)

THE FACILITY CHARGES A AN OBSERVATION FEE FOR MEDICAL TREATMENT.

INITIAL OBSERVATION CARE –

OBSERVATION CARE \$1,850.00 FACILITY / HR

MEDIAN OBSERVATION (\$1000 - \$2000)





OBSERVATION CARE PHYSICIAN

DATE SPAN: DAY 1 LEVEL (\$1500) LEVEL 2 (\$2000) LEVEL 3 (\$2500)
DISCHARGE \$1200

MEDIAN CARE PHYSICIAN: DATE SPAN LEVEL 1 (\$1200-\$1600) LEVEL
2 (\$1800- \$2200) LEVEL 3 (\$2200-\$2800) DISCHARGE (\$1000-\$1400)

This facility is an out-of-network [not a participating] provider for
all [in any] health benefit plans [plan provider network].

Memorial Village Emergency Department
14520 Memorial Drive, Houston, TX Ste 4
Facility Contact: 281-496-6837
Facility Administrator: TiffanyGass

SIGNATURE _____ INTIAL _____
STAFF SIGNATURE _____

Note: A new House Bill 1941 is taking effect from September 1,
2019 which states... If the price alleged to be unconscionable is
more than 200 percent of the average charge for the same or
substantially similar care provided to other individuals by a
hospital emergency room according to data collected by the
Department of State Health, consumer protection division may
bring an action under Section 17.47

