SINAI HOSPITAL
A LifeBridge Health Center
CARE BRAVELY

IMPORTANT FINANCIAL INFORMATION

Notice of Hospital Outpatient Facility Fee and Billing Disclosure

A. Your appointment with Krieger Eye Retina Center will take place in a hospital outpatient department of Sinai Hospital of Baltimore, Inc.
B. Sinai Hospital of Baltimore, Inc. will charge a hospital outpatient department facility fee that is separate from and in addition to the bill you will receive from your provider
C. You will receive two bills for your visit:
    a. A provider services bill from your provider; AND
    b. A hospital outpatient department facility fee bill from Sinai Hospital of Baltimore, Inc.

Expected fee:

Sinai Hospital of Baltimore, Inc. hospital outpatient department facility fee ranges are:

Services	Min Charge	Max Charge	Average Charge
Postoperative Follow-Up or Fundus Photo	$187.00	$216.00	$204.00
Clinic visit w/o injection	$374.00	$2,218.00	$995.00
Clinic visit with injection	$3,894.00	$10,202.00	$5,566.00
Clinic visit w/implant	$5,069.00	$13,086.00	$7,282.00

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 Customer Service at (800) 788-6995 or download the application on our website - https://www.lifebridgehealth.org/financialassistance.

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:

You will not be charged an outpatient facility fee if:

X You can see a clinic provider is at another location that does not charge a hospital outpatient facility fee. Your Provider may not go to these locations.

ADDRESS AND CONTACT INFO

Contact your health insurance company to see if Your Provider is a participating provider and in-network at the scheduled location.

LifeBridge Pavilion, 2700 Quarry Lake Baltimore MD 21209

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 coverage[1].
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 Customer Service at (800) 788-6995.

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.

ACKNOWLEDGEMENT

1. I understand that I will be billed a hospital outpatient department facility fee and a provider fee.
2. Sinai Hospital of Baltimore, Inc. provided me with information on the hospital outpatient department facility fees that will be billed for my appointment.
3. I understand that the fee could vary based on conditions and services provided to me that the hospital cannot reasonably predict today.
4. I understand that my out-of-pocket costs will depend on my health insurance or Medicare coverage.

____ (initial here) - By initialing here, I confirm that I received the facility fee information at the time I made my appointment with Krieger Eye Retina Center.

By signing this form, I acknowledge that I have received the hospital outpatient facility fee information before receiving services today.

_____ _____
Signature (Patient) Date

_____ _____
Signature (Patient Representative) Date

To request this notice in an alternative format, please call customer service at (800) 788-6995 or E-Mail at CustomerServicesinai1@lifebridgehealth.org

The information contained in this notice was provided orally to the patient or patient's representative.

_____ _____
(Employee Name) Date

_____
(Patient/Patient Representative Name)