

**ACT 306/HB 435 REGULATORY ADVISORY
NEW DISCLOSURE REQUIREMENTS FOR HOSPITALS**

EFFECTIVE DATE – AUGUST 1, 2017

SAMPLE Facility Disclosure Form

Pursuant to Louisiana Revised Statute 22:1880, [INSERT FACILITY NAME] is disclosing that as of [INSERT DATE] it _____ is _____ is not { check line that applies } a participating provider with [INSERT NAME OF PATIENT’S HEALTH INSURANCE PLAN] on the following dates of service [INSERT DATE OF SERVICE].

Patient [guardian] Initials: _____

Also, pursuant to Louisiana Revised Statute 22:1180, [INSERT NAME OF FACILITY] is required to provide the following “balance billing disclosure notice”:

“NOTICE

Professional services rendered by independent healthcare professionals are not part of the hospital bill. These services will be billed to the patient separately. Please understand that physicians or other healthcare professionals may be called upon to provide care or services to you or on your behalf, but you may not actually see, or be examined by, all physicians or healthcare professionals participating in your care; for example, you may not see physicians providing radiology, pathology, and EKG interpretation. In many instances, there will be a separate charge for professional services rendered by physicians to you or on your behalf, and you will receive a bill for these professional services that is separate from the bill for hospital services. These independent healthcare professionals may not participate in your health plan, and you may be responsible for payment of all or part of the fees for the services provided by these physicians who have provided out-of-network services, in addition to applicable amounts due for copayments, coinsurance, deductibles, and non-covered services.

We encourage you to contact your health plan to determine whether the independent healthcare professionals are participating with your health plan. In order to obtain the most accurate and up-to-date information about in-network and out-of-network independent healthcare professionals, please contact the customer service number of your health plan or visit its website. Your health plan is the primary source of information on its provider network and benefits. To help you determine whether the independent healthcare professionals who provide services at this facility are participating with your health plan, this healthcare facility has provided you with a complete list of the names and contact information for each individual or group."

Patient [guardian] Initials: _____

Pursuant to Louisiana Revised Statute 22:1880, [INSERT FACILITY NAME] has provided me with a list that contains the name and contact information for each individual or group of hospital-contracted anesthesiologists, pathologists, radiologists, hospitalists, intensivists, and neonatologists who provide services at that facility.

We also encourage you to request information from your health insurance issuer as to whether these physicians are contracted with your health insurance issuer and under what circumstance you may be responsible for payment of any amounts not paid your health insurance issuer.

Patient [guardian] Initials: _____

Pursuant to Louisiana Revised Statute 22: 1880, if [INSERT FACILITY NAME] operates a website that includes a listing of physicians who have been granted medical staff privileges to provide medical services at the facility, we must post on our website a list that contains the name and contact information for each facility-based physician or facility-based physician group that has been granted medical staff privileges to provide medical services at the facility, and an update of the list within thirty days of any changes. This notice is to let you know that [INSERT NAME HERE] does maintain a website [INSERT WEB ADDRESS] that includes a listing of physicians with medical staff privileges and contact information for facility-based physicians.

Patient [guardian] Initials: _____

[Only include the following language if the facility meets the definition of a provider-based entity, as defined by 42 CFR 413.65, and the facility is located off of the main hospital campus.]

You are receiving services in a hospital-based outpatient facility where the facility provides the use of the facility, medical, or technical equipment, supplies, staff, and services. Depending on your health insurance benefit plan and the actual services furnished by the facility, you may receive a facility charge billed separately from the physician that covers the fees for the use of the facility, medical, or technical equipment, supplies, staff, and services.

Patient [guardian] Initials: _____

Patient [guardian] Signature: _____

Date: _____