

# HB 2041 DISCLOSURE

**Texas Emergency Care Center is an out-of-network provider for all health benefit plans.**

**Texas Emergency Care Center 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 [Pearland ER] is \$5,049.58**

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

| <b>Level Of Service</b>      | <b>Range of Possible Fees</b>    |
|------------------------------|----------------------------------|
| Emergency Dept Visit Level 1 | Up To \$500                      |
| Emergency Dept Visit Level 2 | <b>\$3,355.15 To \$6,037.83</b>  |
| Emergency Dept Visit Level 3 | <b>\$4,525.65 To \$10,141.26</b> |
| Emergency Dept Visit Level 4 | <b>\$6,750.75 To \$32,565.90</b> |
| Emergency Dept Visit Level 5 | <b>\$9,575.50 To \$75,684.55</b> |

**This facility charges an observation fee for medical treatment:**

| <b>Observation Fees</b>              |                        |
|--------------------------------------|------------------------|
| Median Observation Fee               | \$6,750.75             |
| Range of Observation Fees            | \$2,500 To \$37,500.00 |
| 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 Level 3 | -                                 |
| Emergency Dept Visit Level 4 | -                                 |
| Emergency Dept Visit Level 5 | <b>\$12,075.50 To \$75,684.55</b> |

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

**Texas Emergency Care Center  
Caidin Pierce, Facility Administrator  
3115 Dixie Farm Rd Ste 107  
Pearland, TX 77581  
281-648-9113**

**Patient/Legal Representative**  
**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Patient /Legal Representative**  
**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness**  
**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness**  
**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_