

STATE OF OKLAHOMA

1st Session of the 56th Legislature (2017)

HOUSE BILL 1714

By: Moore

AS INTRODUCED

An Act relating to public health and safety;
requiring hospital to provide medical good-faith
estimate to patient; requiring estimate to contain
certain information; requiring patient to execute
estimate prior to procedure or treatment; providing
for codification; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified
in the Oklahoma Statutes as Section 1-725 of Title 63, unless there
is created a duplication in numbering, reads as follows:

A. A hospital shall be required to provide a medical good-faith
estimate to each patient. The estimate shall be in substantially
the form described in subsection B of this section.

B. The medical good-faith estimate shall contain the following
information:

MEDICAL GOOD-FAITH ESTIMATE
(MGFE)

PROVIDER:	PATIENT:
Address:	Address:
Date of Service:	Insurance: _____ Yes _____ No Company:

Purpose: The medical good-faith estimate (MGFE) provides an estimate of costs associated with the procedure(s) listed and performed by the PROVIDER listed. This is an estimate provided to PATIENT and is not inclusive of possible unanticipated charges with the understanding to PATIENT of possible complications which can affect the financial information provided below.

Condition(s) / Procedure(s)

Date: This estimate is valid through _____ (date). After expiration, the procedure estimate and all associated insurance information might change without PROVIDER knowledge.

Procedure: The above PROVIDER will be performing the following procedure(s) and/or treatment(s) in this facility and/or associated facilities by the PROVIDER for PATIENT follow-up care as directed by the Primary Care Physician to include recovery/wound/rehabilitation and all

possible known medical needs for PATIENT awareness of charges.

Compare: PROVIDER will allow PATIENT to compare the MGFE with any facility and physician of his or her choice.

Acceptance: PATIENT has the right to accept or deny a procedure listed which may be deemed unnecessary or not normally covered by insurance. A consultation with the Primary Care Physician to discuss possible consequences if the procedure is denied by PATIENT is required.

Financing: PROVIDER does/does not provide financing for balance of charges not covered by insurance based on final discharge totals. PROVIDER will issue a final billing statement prior to providing financing options and final net charges within __ days of PATIENT discharge.

MEDICAL GOOD-FAITH ESTIMATE
(MGFE)

ESTIMATED CHARGES BY FACILITY/PROVIDER:	DATE(S)	BILLING	NON- COVERED	DEDUCTIBLE	COPAY	PATIENT COST
ABC HOSPITAL CHARGES:						
Room Charges						
Medical/Surgical Supplies						
Laboratory Services						
X-Ray Services						
CT Scan						
MRI						
Inhalation Therapy						
Medication/Drug Charge (by Name)						
PHYSICIAN VISIT (Listed by Name) Treatment Charge						
Dr. A – Medical Review						
Dr. B – Infectious Disease Review						
WOUND CARE FACILITY CHARGES:						
PHYSICIAN VISIT (Listed by Name) Treatment Charge						
Exam Room						

1	Medical/Surgical Supplies						
	Other Treatment						
2							
	REHABILITATION FACILITY CHARGES:						
3	PHYSICIAN VISIT (Listed by Name) Treatment Charge						
	Exam Room						
4	Medical/Surgical Supplies						
	Other Treatment						
5							
	MENTAL HEALTH FACILITY CHARGES:						
6	PHYSICIAN VISIT (Listed by Name) Treatment Charge						
	Exam Room						
7	Medical/Surgical Supplies						
	Other Treatment						
8							
	EMERGENCY TRANSPORT CHARGES:						
9	EMERGENCY TRANSPORT (Listed by Name)						
	Medical Supplies						
10	Transport						
	OTHER:						
11							

PROVIDER attests to PATIENT that the above charges and insurance coverage, copay and deductible information have been verified to the best of their knowledge with insurance provider.

DISCLAIMER:

PATIENT understands and accepts that additional unforeseen reasonable charges can arise which were not included or known at the time of the initial MGFE due to a medical emergency or undiagnosed condition(s).

PAYMENT OPTIONS: PROVIDER will accept the following payment options for balances of final charges less any insurance payments (as applicable). PROVIDER (as applicable) will offer all income

1 assistance program and qualification guidelines available to assist
2 PATIENT with financing options.

3	Initial Net Final Charges:	\$
4	Down Payment	\$
5	Term	Months
6	Interest Rate (as applicable)	%
7	Monthly Amount	\$ per month
8	Payment Due Date:	
9	Late Fee (assessed if payment is received ten (10) days after the agreed due date)	

10 PROVIDER: (Signature of authorized PROVIDER or representative)

11 _____
12 Signature

13 _____
14 Date

15 PATIENT:

16 _____
17 Signature

18 _____
19 Date

20 LEGAL GUARDIAN: (If patient is a minor)

21 _____
22 Signature

23 _____
24 Date

25 C. A patient shall be required to execute and submit to a
26 hospital the medical good-faith estimate prior to a procedure or
27 treatment being performed.

28 SECTION 2. This act shall become effective November 1, 2017.

29 56-1-6479 AM 01/03/17