

1 STATE OF OKLAHOMA

2 1st Session of the 57th Legislature (2019)

3 SENATE BILL 283

By: Paxton

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5
6 AS INTRODUCED

7 An Act relating to hospital facilities; requiring
8 hospital to provide certain estimate to patient;
9 requiring estimate to contain certain information;
10 requiring patient to execute estimate prior to
11 procedure or treatment; providing for codification;
12 and providing an effective date.

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

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

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

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

1 Procedure: The above PROVIDER will be performing the following
2 procedure(s) and/or treatment(s) in this facility and/or
3 associated facilities by the PROVIDER for PATIENT
4 follow-up care as directed by the Primary Care Physician
5 to include recovery/wound/rehabilitation and all
6 possible known medical needs for PATIENT awareness of
7 charges.

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

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

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

20 MEDICAL GOOD-FAITH ESTIMATE

21 (MGFE)

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ESTIMATED CHARGES BY FACILITY/PROVIDER:	DATE (S)	BILL ING	NON- COVER ED	DEDUCT IBLE	COPA Y	PATI ENT 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:						

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PHYSICIAN VISIT (Listed by Name) Treatment Charge						
Exam Room						
Medical/Surgical Supplies						
Other Treatment						
REHABILITATION FACILITY CHARGES:						
PHYSICIAN VISIT (Listed by Name) Treatment Charge						
Exam Room						
Medical/Surgical Supplies						
Other Treatment						
MENTAL HEALTH FACILITY CHARGES:						
PHYSICIAN VISIT (Listed by Name) Treatment Charge						
Exam Room						
Medical/Surgical Supplies						
Other Treatment						
EMERGENCY TRANSPORT						

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CHARGES:						
EMERGENCY TRANSPORT (Listed by Name)						
Medical Supplies						
Transport						
OTHER:						

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.

4 Initial Net Final Charges:	\$
5 Down Payment	\$
6 Term	Months
7 Interest Rate (as applicable)	%
8 Monthly Amount	\$ per month
9 Payment Due Date:	
10 Late Fee (assessed if payment 11 is received ten (10) days 12 after the agreed due date)	

14 PROVIDER: (Signature of authorized PROVIDER or representative)

15 _____
16 Signature Date

17 PATIENT:

18 _____
19 Signature Date

20 LEGAL GUARDIAN: (If patient is a minor)

21 _____
22 Signature Date

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

SECTION 2. This act shall become effective November 1, 2019.

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