Amendment No.

## CHAMBER ACTION

Senate House

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Representative Sprowls offered the following:

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## Amendment (with title amendment)

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Remove lines 143-196 and insert:

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based on the services actually provided to the patient. The
facility's website must:

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facility's financial assistance policy, including the application process, payment plans, and discounts and the facility's charity care policy and collection procedures.

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2. Notify patients and prospective patients that services may be provided in the health care facility by the facility as well as by other health care providers who may separately bill

1. Provide information to prospective patients on the

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the patient and that such health care providers may or may not

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participate with the same health insurers or health maintenance organizations as the facility.

- 3. Inform patients and prospective patients that they may request from the facility and other health care practitioners a more personalized estimate of charges and other information, and inform patients that they should contact each health care practitioner who will provide services in the hospital to determine the health insurers and health maintenance organizations with which the health care practitioner participates as a network provider or preferred provider.
- 4. Provide the names, mailing addresses, and telephone numbers of the health care practitioners and medical practice groups with which it contracts to provide services in the facility and instructions on how to contact the practitioners and groups to determine the health insurers and health maintenance organizations with which they participate as a network provider or preferred provider.
- (b) 1. Upon request, and before providing any nonemergency medical services, each licensed facility shall provide in writing or by electronic means a good faith estimate of reasonably anticipated charges by the facility for the treatment of the patient's or prospective patient's specific condition.

  The facility must provide the estimate to the patient or prospective patient within 7 business days after receipt of the request and shall adjust the estimate for any potential insurance coverage. The estimate may be based on the descriptive

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service bundles developed by the agency under s. 408.05(3)(c)
unless the patient or prospective patient requests a more
personalized and specific estimate that accounts for the
specific condition and characteristics of the patient or
prospective patient.

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## TITLE AMENDMENT

Remove line 11 and insert:

provide a good faith estimate of charges to a

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