



## HB 2041 DISCLOSURE

**Excel ER Nacogdoches is an out-of-network provider for all health benefit plans. Excel ER Nacogdoches 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 [Nacogdoches ER] is \$8,089.51**

Level Of Care	Facility Fee
Emergency Dept Visit Level 1	\$500.00
Emergency Dept Visit Level 2	\$3,355.15
Emergency Dept Visit Level3	\$4,525.65
Emergency Dept Visit Level 4	\$6,750.75
Emergency Dept Visit Level 5	\$9,575.50

Level Of Service	Range of Possible Fees
Emergency Dept Visit Level 1	Up To \$500
Emergency Dept Visit Level 2	\$3,355.15 To \$17,390.94
Emergency Dept Visit Level3	\$4,525.65 To \$24,746.52
Emergency Dept Visit Level 4	\$6,750.75 To \$47,347.02
Emergency Dept Visit Level 5	\$9,575.50 To \$86,440.19

Observation Fees	
Median Observation Fee	\$17,500.00
Range of Observation Fees	\$2,500 To \$50,000.00
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 Level3	-
Emergency Dept Visit Level 4	-
Emergency Dept Visit Level 5	\$12,075.50 To \$86,440.19

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

**Excel ER Nacogdoches  
Mitzi Dyson, Facility Administrator  
1420 North St  
Nacogdoches, Texas 75961  
936-622-0911**

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

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

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

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

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

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

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

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