



## The Maryland Outpatient Facility Fee Notice and Research Participant Information

**JOHNS HOPKINS  
MEDICINE**

**IMPORTANT FINANCIAL INFORMATION**

Patient Name: First M Last  
 Date of Birth: 1/1/2000  
 Appointment Date: 3/20/2022  
 Estimate Finalization Date: 2/3/2022  
 Estimate Reference ID: 1234567  
 Primary Insurance: Carefirst Bcbs  
 Secondary Insurance:

**\*\*THIS IS NOT A BILL\*\***

**Notice of Maryland Estimated Fee Disclosure**

**\*\*THIS IS NOT A BILL\*\***

We look forward to caring for you at your upcoming visit. Maryland law requires hospitals to send a cost estimate before your scheduled services so that you know what may be billed to your insurance.

Your health and well-being are our priority. If you have any questions or concerns about this letter, please contact Customer Service at (855)662-3017 or email [pfscs@jhmi.edu](mailto:pfscs@jhmi.edu).

- Your appointment with <<provider name/department name>> will take place in a hospital-based outpatient department at the <<hospital location name>>.

**Estimated Cost**

Based on appointments like the one you have scheduled, your estimated costs are:

	Estimated Insurance Charges	Estimated Patient Cost
Facility: THE JOHNS HOPKINS HOSPITAL		
CPT@ 99211: Hospital Facility Fee	\$290.25	
Professional charges for [redacted], MD at Johns Hopkins Internal Medicine		
CPT@ 99214: Provider Office Visit Charge	\$172.17	\$10.00
<b>Total</b>	<b>\$462.42</b>	<b>\$10.00</b>

**\*Charges Related to a Research Study\***

You are enrolled in a research study and these charges are related to your study. Please refer to the Research Participant Financial Responsibility Information Sheet. This will contain information about costs that will be covered by the study or that may be charged to you or to your insurance. Please contact the research team if you have additional questions.

**Important Information about Your Estimate**

Whenever you receive outpatient care at Johns Hopkins regardless of whether this is for research or clinical care, you will receive a notification from Johns Hopkins prior to your visit that will be an estimate of the total cost of care for that visit. This is required by The Maryland's Facility Right-to-Know Act, better known as the Maryland Outpatient Facility Fee Notice. The cost estimate will cover the cost of all care that will be provided and does not exclude costs what may be covered by the research study. You will not be billed for research activities that are covered as detailed in the Insurance and Research Participant Financial Responsibility Information Sheet that you were provided with when you signed consent for the research study.

You can call 844-986-1584 for information about estimates or visit the *Billing and Insurance* webpage at <https://www.hopkinsmedicine.org/patient-care/patients-visitors/billing-insurance/> for details about insurance, estimates and more. *Should you have additional questions, please contact the research team.*