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§19–350.

(a) (1) This section applies only to:

(i) Related institutions as defined in § 19–301 of this subtitle; and

(ii) Hospitals as defined in § 19–301 of this subtitle.

(2) Nothing in this section shall apply to charges for services that are set pursuant to § 16–201 of this article.

(b) (1) (i) On request of a patient made before or during treatment, a hospital shall provide to the patient a written estimate of the total charges for the hospital services, procedures, and supplies that reasonably are expected to be provided and billed to the patient by the hospital.

(ii) The written estimate shall state clearly that it is only an estimate and actual charges could vary.

(iii) A hospital may restrict the availability of a written estimate to normal business office hours.

(iv) This paragraph does not apply to emergency services.

(2) Within 30 days after discharge of an individual from a hospital, the hospital shall give the individual a summary financial statement that clearly describes:

(i) The total charges incurred;

(ii) If readily ascertainable, a summary of the total charges under the major services categories, including:

1. Room and board;

2. Diagnostic services;

3. Therapeutic services;

4. Emergency room services;

5. Drugs and IV solutions; and

6. Miscellaneous other supplies and services;

(iii) If applicable, the name of the primary and secondary insurer to which a claim has been or will be filed on the individual's behalf;

(iv) That charges for services provided by a physician are not included in the total hospital charges and are billed separately; and

(v) The individual's right to request an itemized statement of the account within 1 year of receipt of the summary statement.

(3) Within 30 days after an individual's request as provided under paragraph (2)(v) of this subsection, the hospital shall provide the individual a statement of the account that:

(i) Is itemized; and

(ii) Describes briefly but clearly each item and the amount charged for it.

(c) (1) Unless a related institution contracts with its residents to provide care for an all–inclusive preestablished fee, on demand made within 90 days after service is provided to a resident, the related institution shall give the resident or representative of the resident a financial statement that:

(i) Is itemized;

(ii) Describes briefly but clearly each item and the amount charged for it; and

(iii) Identifies the payor to whom a claim has been forwarded.

(2) A related institution may not be required to give a resident more than 1 itemized statement in any 90–day period.

(d) (1) On demand made within 30 days after payment of any charge for an individual, a hospital or related institution shall give the individual or representative of the individual a financial statement that:

(i) Is itemized; and

(ii) Describes briefly but clearly each item and the amount charged for it.

(2) A hospital or related institution is subject to a fine of $300 if it fails to:

(i) Comply with this subsection; or

(ii) Give the individual or representative a reasonable written explanation for any delay in complying with this subsection.

(e) A hospital or related institution may not demand or accept final payment or recover for money unless the hospital or related institution has given the financial statements required under this section.

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