*** § 2830. Regulation of the billing of facility fees.** 1. For the purposes of this section, "fee" means any amount charged or billed by a provider for professional health care services provided in a hospital-based facility.

2. No hospital or health system or health care provider shall bill or seek payment from a patient for a facility fee that is not covered by the patient's health insurance carrier unless the patient was notified prior to the date of service that a facility fee would be applicable. If a health care provider enters into a business relationship with a hospital or health system that will result in the provider's patients being subject to facility fees, the health care provider must notify its patients of the change and that facility fees will now be applicable to services received from the health care provider. The notice shall be provided in writing at least seven days in advance of each date of service and shall explain the amount of the fee, the purpose of the fee, whether the patient's insurance plan will pay the fee, and for uninsured patients, how to apply for financial assistance. If advance written notice is infeasible because the visit was secured less than seven days in advance, then a written notice shall be provided on the date the service is rendered. The notice shall be provided in plain language in conspicuous twelve-point bold face type and shall be available in the top six languages spoken in the hospital's service area. In no event shall a facility fee be charged for services related to the provision of preventive care service as defined by the United States Preventive Services Task Force.

* NB There are 2 § 2830's