Request for Emergency Room Fee

**Memorandum**

TO: Optum Maryland
Maryland BHA Claims
Attention: Emergency Petitions
P.O. Box 30531
Salt Lake City, UT 84130

FROM: Name of Facility
Address

This is a request for reimbursement for basic emergency room fee for (Patient’s Name) on (Date of Service). This is to certify that the above-named patient was admitted to the emergency room at this hospital on the above date under a petition for emergency psychiatric evaluation. Every effort has been made to collect the fee from the patient, responsible persons, private insurers, and Medicare and Medicaid, and the Facility has not been paid for the basic emergency room fee.

Authorized Signature:

Date:

Attachments:

* Petition for Emergency Psychiatric Evaluation
* Invoice
* Other