

# **Maryland Public Mental Health System (PMHS)**

## **Emergency Petition Billing Manual**

*Published by ValueOptions® Maryland*

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## **Introduction**

MHA has requested that ValueOptions® Maryland develop and operate a system to process claims and invoices for services rendered to individuals who come into an emergency room on an emergency petition and who have no insurance and cannot afford to pay these charges.

*Submissions of claims/invoices may be made for the following:*

- Emergency room services
- Emergency room evaluations by licensed consultant physicians
- Transportation to a designated emergency facility/or State Hospital by Ambulance, Sheriff Departments, and Fire Departments

*The following rules apply:*

1. Claims for services rendered under emergency petitions are processed in accordance with COMAR 10.21.15.
2. MHA is the payer of the last resort for claims for services rendered under an emergency petition. The provider of services is responsible for attempting to collect from all other sources including the evaluatee. ValueOptions® Maryland is **not** to pay for services when the evaluatee had active health insurance coverage on the date of service. If the claims form indicates the evaluatee has other insurance, an Explanation of Benefits (EOB) from the primary carrier must be attached that indicates the evaluatee's benefits were not active on the date of service.
3. ValueOptions® Maryland will deny the claim if there is any indication of insurance, Medicare and/or Medicaid coverage for the services provided.
4. Services must be performed within 5 days of the approval date on the emergency petition.
5. Providers have twelve (12) months from the date of service to submit the claim for payment to the ValueOptions® Maryland.
6. If claims was submitted within the initial twelve months and denied, the provider has an additional sixty (60) days from the date of the denial to submit a corrected claim for payment.
7. ValueOptions® Maryland will issue a Payment Summary Voucher (PSV), specific to each provider, for each check run, in which claims were processed.
8. ValueOptions® Maryland will issue a standard 1099 Form, in compliance with tax laws, to all providers issued payment during that tax year.

## **Claims from a Facility for Emergency Room Services**

1. In accordance with COMAR 10.21.15.02, only designated emergency psychiatric facilities are eligible for reimbursement.
2. "Designated emergency facility", means a health care organization currently identified by DHMH to perform the functions.
3. **Attachment B** contains the list of current designated emergency facilities. This list is

updated each fiscal year by MHA. The current list remains in effect until January 1, 2011.

### Claim Forms

1. Emergency facilities must submit claims for services on an UB-04 claim form.
2. Only one UB-04 claim per evaluatee, per day, is payable to an emergency facility.
3. Medicaid rules covering the submission of hospital claims apply.

### Procedure Codes

1. Only the **basic** emergency room fee is payable. All other services are non-covered services
2. Payable revenue codes include 450, or 451 and 452. Revenue code 450 is not payable with revenue codes 451 or 452, however both 451 and 452 are payable for the same episode of service
  - 450 -General Classification (EMERG ROOM)
  - 451 -EMTALA Emergency Medical Screening Services (ER/EMTALA)
  - 452 -ER Beyond EMTALA Screening (ER/BEYOND EMTALA)

### Rates

1. The procedure codes listed above are to be billed at the rate approved by the Health Services Cost Review Commission (HSCRC) for the specific facility.
2. Payment will be made at 94% at billed charges.

### Required Documentation

Several documents must be submitted and completed in order for payment to occur. The forms include:

1. Request for Reimbursement Form
  - Standard form generated/designed by MHA (**Attachment A**)
  - Provider must complete all fields on the form.
2. Emergency Petition (Form DC-13)
  - Petitions must include the identity of the petitioner, identity of evaluatee, reason for petition, signature of petitioner.
  - For petition requests by a lay petitioner (a family member or friend), the petition must be endorsed by the judge.
  - For petition requests by professionals (e.g. physician, psychologist, social worker, Health Officer, peace officer), form DC-14 must be endorsed by petitioner. If the petitioner is a health officer designee, the form must include a signature and date indicating the individual as the designated health officer.
3. UB-04 claim form

- The provider must submit a completed UB-04 form.
- The form must be legible and completed in ink. Any changes made to the form must be crossed out and initialed. “White out” is not acceptable.
- Incomplete claim forms may delay or prevent payment of the claim.
- The required fields include:
  - Field 1 must reflect the complete facility name and address.
  - Field 5 must reflect the facility 9-digit Federal tax identification number (TIN).
  - Field 6 must reflect the ‘from’ and ‘through’ dates of the date(s) of service. In most cases, these will reflect the same date. In cases where the evaluatee was in the facility overnight, the dates may be different.
  - Field 12 must reflect the evaluatee’s name. The name must match the name listed on the Emergency Petition form (DC-13).
  - Field 13 must reflect the evaluatee’s address. If the address is unknown, the field should state “UNKNOWN”, if the evaluatee is homeless; the field should state “HOMELESS”.
  - Field 14 must reflect the evaluatee’s date of birth. If the date of birth is unknown, the field should state “UNKNOWN”.
  - Field 15 must reflect the evaluatee’s gender.
  - Field 22 must reflect the patient status.
  - Field 42 must reflect the revenue codes for the services provided.
  - Field 43 must reflect the description of the revenue code.
  - Field 44 must reflect the HCPCS code corresponding to the revenue code in field 42.
  - Field 45 must reflect the date of service.
  - Field 46 must reflect the number of units of service provided for the revenue code in field 42.
  - Field 47 must reflect the total charges for the revenue code in field 42. Rates submitted should be the HSCRC approved rate for the procedure rendered.
  - Field 50 must reflect DHMH.
  - Field 54 must reflect \$0.00 to show no other payments.
  - Field 55 must reflect the estimated amount due (must be the total of charges in field 47 minus the amount in field 54).
  - Field 60 must list the evaluatee’s Social Security Number (SSN), if the SSN is unknown, the field should state “UNKNOWN”.
  - Field 82 must reflect the attending physician ID.
  - Field 85 must reflect the signature of the appropriate provider representative, or state “SIGNATURE OF FILE”.
  - Field 86 must reflect the date the document was signed by appropriate provider representative.

4. Other documents that may be attached include:

- A copy of the complete medical record listing the services performed. It should include the name of the evaluatee, date of service, and facility’s name. The

ValueOptions® Medical Director will only review emergency room notes when verifying the intensity of the care provided.

- An Explanation of Benefits (EOB) from the evaluatee's primary carrier indicating that the evaluatee did not have active coverage on the date of service.

### **Claims from a Physician for Emergency Room Evaluation Services**

1. In accordance with COMAR 10.21.15.02, only consultant physicians are eligible for reimbursement.
2. "Consultant" means a physician, licensed by the State, who is not a salaried staff member of the emergency facility and who is authorized by the facility to perform an examination of an emergency evaluatee.

#### **Claim Forms**

1. Physicians must submit claims for services on a CMS-1500 claim form.
2. Only one CMS-1500 claim per evaluatee per day is payable to a physician.

#### **Procedure Codes**

1. Only the initial examination performed in the emergency room of a designated psychiatric emergency facility by a consultant physician is payable. All other services are non-covered services.
2. Payable CPT-IV codes include 90801, 99282, 99283, 99284, and 99285. Only one of these codes is payable per evaluatee per day.
  - 90801 - Psychiatric diagnostic interview examination.
  - 99282 - Emergency department visit for the evaluation and management of a patient, which requires these three components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.
  - 99283 - Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and or/coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
  - 99284 - Emergency department visit for the evaluation and management of a patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or

family's needs. Usually, the presenting problem(s) are of high severity and require urgent evaluation.

- 99285 - Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

### Rates

1. The procedure codes listed above are payable at the lesser of the amount billed or the statewide average prevailing charges for an examination by a physician consultant based on Medicare's 75th percentile as determined according to 42 CFR §405.504.
2. The hospital's county, not the evaluatee's county of residence, determines locality.

### Required Documentation

1. Request for Reimbursement Form
  - Standard form generated/designed by MHA (**Attachment A**).
  - Providers must complete all fields on the form.
2. Emergency Petition (Form DC-13)
  - Petition must include the identity of the petitioner, identity of evaluatee, reason for petition, and signature of petitioner.
  - For petition requests by a lay petitioner (a family member or friend), the petition must be endorsed by the Judge.
  - For petition requests by professionals (e.g. physician, psychologist, social worker, Health Officer, peace officer), form DC-14 must be endorsed by the petitioner. If the petitioner is a health officer designee, the form must include a signature and date indicating the individual as the designated health officer.
3. CMS-1500 Form
  - The provider must submit a completed CMS-1500 form.
  - The form must be legible and completed in ink. Any changes made to the form must be crossed out and initialed. "White Out" is not acceptable.
  - Incomplete claim forms may delay or prevent payment of the claim.
  - The required fields include:
    - Field 2 must reflect the evaluatee's name.
    - Field 3 must reflect the evaluatee's date of birth (if known) and gender.
    - Field 5 must reflect the evaluatee's address. If the address is unknown, the field should state "UNKNOWN", if the evaluatee is homeless; the field should state "HOMELESS".
    - Field 9a through 9d must be complete if the evaluatee has coverage through a health insurance policy.
    - Field 11 must state "Emergency Petition".
    - Field 12 must reflect the evaluatee's signature and date of the signature or state

“signature on file”.

- Field 21 must reflect the primary diagnosis.
- Field 24a must reflect the date of service.
- Field 24b must reflect the place of service.
- Field 24d must reflect the appropriate CPT-IV code.
- Field 24f must reflect the charges associated with the CPT-IV code in field 24d.
- Field 24g must reflect the number of units of service associated with the CPT-IV code in field 24d.
- Field 25 must reflect the provider’s Federal tax identification number (TIN).
- Field 28 must reflect the total charges (must be the sum of charges in field 24f).
- Field 29 must reflect any amounts paid by other parties.
- Field 30 must reflect the balance due (field 28 minus field 29).
- Field 31 must reflect the signature and date of the physician or state “signature on file”.
- Field 32 must reflect the name and address of the facility where services were rendered.
- Field 33 must reflect the complete physician’s or physician group’s name and address.

4. Psychiatric Evaluation

The psychiatric evaluation must contain the name of the evaluatee, the date of service and must be signed and dated by the physician.

5. Other documents that may be attached include:

- An Explanation of Benefits (EOB) from the evaluatee’s primary carrier indicating that the evaluatee did not have active coverage on the date of service.

### **Claims for Transportation Services**

1. In accordance with COMAR 10.21.15.02, only transportation provided by an emergency vehicle is eligible for reimbursement.
2. “Emergency vehicle” means:
  - A vehicle operated by a law enforcement officer; or
  - An ambulance regulated according to COMAR 14.22.01-14.22.12.

### **Claim Forms**

1. Transportation providers must submit claims for services on a CMS-1500 claim form.
2. Two transportation bills can be paid for the same date of service.
  - Transport to the designated emergency facility (ambulance or Peace Officer).
  - For an evaluatee involuntarily certified, from the designated emergency facility to the admitting facility (ambulance only).

### **Procedure Codes**

1. For ambulance transportation, basic life support (BLS) charges plus the basic mileage rate are payable.
2. For Peace Officers, the basic mileage rate plus the officer's regular hourly wage (maximum of four hours total) are payable. All other services are non-covered services.
3. Payable HCPCS codes for ambulance transportation include A0362 and A0380.
  - A0362 - Ambulance service, BLS, emergency transport, mileage and disposable supplies separately billed.
  - A0380 –BLS mileage (per mile).
4. Payable HCPCS codes for transportation by a peace officer include A0080 and A0170. Are there CPT-IV codes that are more appropriate?
  - A0080 - Non-emergency transportation: Per mile-volunteer, with no vested or personal interest.
  - A0170 - Non-emergency transportation: ancillary, parking fees, tolls other.

### Rates

The procedure codes for mileage listed above are payable at the rate established for the county in which the transportation provider is located. Each county should supply their current rate.

### Required Documentation

1. Request for Reimbursement Form
  - Standard form generated/designed by MHA (**Attachment A**).
  - Providers must complete all fields on the form.
2. Emergency Petition (Form DC-13)
  - Petition must include the identity of the petitioner, identity of evaluatee, reason for petition, and signature of petitioner.
  - For petition requests by a lay petitioner (a family member or friend), the petition must be endorsed by the judge.
  - For petition requests by professionals (e.g. physician, psychologist, social worker, Health Officer, peace officer), form DC-14 must be endorsed by the petitioner. If the petitioner is a health officer designee, the form must include a signature and date indicating the individual as the designated health officer.
3. CMS –1500 Claim Form
  - The provider must submit a complete CMS-1500 form. One form for each evaluatee.
  - The form must be legible and completed in ink. Any changes made to the form must be crossed out and initialed. “White out” is not acceptable.
  - Incomplete claim forms may delay or prevent payment of the claim.
  - The required fields include:
    - Field 2 must reflect the evaluatee's name
    - Field 3 must reflect the evaluatee's date of birth (if known) and gender.

- Field 5 must reflect the evaluatee's address. If the address is unknown, the field should state "UNKNOWN", if the evaluatee is homeless; the field should state "HOMELESS".
- Field 9a through 9d must be complete if the evaluatee has coverage through a health insurance policy.
- Field 11 must state "Emergency Petition".
- Field 12 must reflect the evaluatee's signature and date of the signature or state "signature on file".
- Field 24a must reflect the date of service.
- Field 24b must reflect the place of service. What is place of service from CPT-IV?
- Field 24d must reflect the appropriate HCPCS code.
- Field 24f must reflect the charges associated with the HCPCS code in field 24d.
- Field 24g must reflect the number of units of service associated with the HCPCS code in field 24d.
- Field 25 must reflect the provider's Federal tax identification number (TIN).
- Field 28 must reflect the total charges (must be the sum of charges in field 24f).
- Field 29 must reflect any amounts paid by other parties.
- Field 30 must reflect the balance due (field 28 minus field 29).
- Field 32 must reflect the name and address of the facility to which the evaluatee was transported.
- Field 33 must reflect the complete transportation provider's name and address.

#### 4. Other

- Two certificates of involuntary admission and the application for involuntary admission (DHMH 34) are required for ambulance transportation from a designated emergency facility to the admitting facility.
- An Explanation of Benefits (EOB) from the evaluatee's primary carrier indicating that the evaluatee did not have active coverage on the date of service if the consumer is believed to have insurance.
- An Emergency Vehicle Certificate (DHMH 210C) is required for transportation by a Peace Officer to certify that the vehicle used to transport the evaluatee contains health equipment.

## **Attachment A – Request for Reimbursement Forms**

MHA has created three (3) Request for Reimbursement forms, one for each type of service reimbursed (Emergency Room Services, Emergency Room Psychiatric Evaluation, and Transportation). The completed form is required for every payment request for services rendered for an emergency petition.

In signing the form, the provider certifies that every effort has been made to collect the fee from the patient, responsible persons, private insurers, Medicare and Medical Assistance, and payment has not been received.

**Memorandum**

**TO: ValueOptions® Maryland MHA Claims  
P.O. Box 1950  
Latham, NY 12110  
Attn: Emergency Petitions**

**FROM:** \_\_\_\_\_  
**Name of Facility**

**Address** \_\_\_\_\_

\_\_\_\_\_

This is a request for reimbursement for basic emergency room fee for:  
\_\_\_\_\_ on \_\_\_\_\_  
(Patient's Name) (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, Medicare and Medical Assistance, and the Facility has not been paid for the basic emergency room fee.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

Attachments:

\_\_\_\_\_ Petition for Emergency Psychiatric Evaluation

\_\_\_\_\_ Invoice

\_\_\_\_\_ Other \_\_\_\_\_

**Memorandum**

**TO: ValueOptions® Maryland MHA Claims  
P.O. Box 1950  
Latham, NY 12110  
Attn: Emergency Petitions**

**FROM:** \_\_\_\_\_  
**Physician or Firm**

**Address** \_\_\_\_\_  
\_\_\_\_\_

This is a request for reimbursement for the emergency psychiatric evaluation of:

\_\_\_\_\_ on \_\_\_\_\_  
(Patient's Name) (Date of Service)

by \_\_\_\_\_ at \_\_\_\_\_  
(Examining Physician) (Facility)

I certify that the psychiatric evaluation referenced above was made by a consultant physician who is not a salaried staff member of the hospital. I further certify that every effort has been made to collect the fee from the patient, responsible persons, private insurers, Medicare and Medical Assistance, and the physician has not been paid for this service. The examination performed complies with COMAR 10.21.15.02 (7) which entails a face-to-face diagnostic interview and examination by a consultant physician that includes a medical history, an assessment of mental status, a neurological examination, an assessment of dangerousness, and a written report outlining the consultant physician's findings and conclusions.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

Attachments:

\_\_\_\_\_ Petition for Emergency Psychiatric Evaluation

\_\_\_\_\_ Psychiatric Evaluation

\_\_\_\_\_ Invoice

\_\_\_\_\_ Other \_\_\_\_\_

# Memorandum

**TO: ValueOptions® Maryland MHA Claims**  
**P.O. Box 1950**  
**Latham, NY 12110**  
**Attn: Emergency Petitions**

**FROM:** \_\_\_\_\_  
**Name of Business or Agency**

**Address** \_\_\_\_\_  
\_\_\_\_\_

Request for Reimbursement for Transportation of \_\_\_\_\_  
on \_\_\_\_\_.

This is to certify that the above named patient was transported from \_\_\_\_\_  
to \_\_\_\_\_ as a consequence of a Petition for Emergency Psychiatric  
Evaluation. The patient was transported by ambulance or other vehicle containing health  
equipment. Every effort has been made to collect the cost of this service from the patient,  
responsible persons, private insurers, Medicare and Medical Assistance, and payment has not been  
received.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

## Attachments:

- \_\_\_\_\_ Emergency Petition (DC 13/14)
- \_\_\_\_\_ Certification of Involuntary Admission  
(Required if transporting from an emergency room to hospital. 2 signatures  
required)
- \_\_\_\_\_ Invoice
- \_\_\_\_\_ Other \_\_\_\_\_

**Department of Health and Mental Hygiene  
Mental Hygiene Administration  
Designated Psychiatric Emergency Facilities  
Calendar Year 2010**

<b>Allegany County</b>	
Braddock Hospital (formerly Sacred Heart) <i>(Western Maryland Health System)</i> 900 Seton Drive Cumberland, MD 21502 (301) 723-4200	Memorial Hospital Medical Center of Cumberland <i>(Western Maryland Health System)</i> 600 Memorial Avenue Cumberland, MD 21502 (301) 723-4000

<b>Anne Arundel County</b>	
Anne Arundel Medical Center 2001 Medical Parkway Annapolis, MD 21401 (443) 481-1000	Baltimore Washington Medical Center 301 Hospital Drive Glen Burnie, MD 21061 (410) 787-4565

<b>Baltimore City</b>	
Bon Secours Baltimore Health System 2000 W. Baltimore Street Baltimore, MD 21223 (410) 362-3075	Johns Hopkins Hospital & Health System 600 N. Wolfe Street Baltimore, MD 21287 (410) 955-5964
Johns Hopkins Bayview Medical Center 4940 Eastern Avenue Baltimore, MD 21224 (410) 550-0350	Maryland General Hospital 827 Linden Avenue Baltimore, MD 21201 (410) 225-8100
Sinai Hospital <i>(Lifebridge Health)</i> 2401 W. Belvedere Avenue Baltimore, MD 21215 (410) 601-5000	Union Memorial Hospital 201 E. University Parkway Baltimore, MD 21218 (410) 554-2000 <i>(MedStar Health System)</i>
University of Maryland Hospital 22 S. Greene Street Baltimore, MD 21201 (410) 328-6722	

<b>Baltimore County</b>	
Franklin Square Hospital ( <i>MedStar Health</i> ) 9000 Franklin Square Drive Baltimore, MD 21237 (443) 777-7046	Northwest Hospital 5401 Old Court Road Randallstown, MD 21133 (410) 521-5945
St. Joseph Medical Center 7601 Olser Drive Towson, MD 21204 (410) 337-1226	
<b>Calvert County</b>	
Calvert Memorial Hospital 100 Hospital Rd. Prince Frederick, MD 20678 (410) 535-8344	
<b>Caroline County</b>	
Memorial Hospital at Easton ( <i>Shore Health System</i> ) 219 S. Washington Street Easton, MD 21601 (410) 822-1000	Chester River Hospital Inc. 100 Brown Street Chestertown, MD 21620 (410) 778-3300
<b>Carroll County</b>	
Carroll Hospital Center 200 Memorial Avenue Westminster, MD 21157 (410) 848-3000	
<b>Cecil County</b>	
Union Hospital 106 Bow Street Elkton, MD 21921 (410) 392-7061	

**Charles County**

Civista Medical Center  
701 E. Charles Street  
La Plata, MD 20646  
(301) 609-4000

**Dorchester County**

Dorchester General Hospital  
*(Shore Health System)*  
300 Byrn Street  
Cambridge, MD 21613  
(301) 228-5511

**Frederick County**

Frederick Memorial Healthcare System  
400 W. Seventh Street  
Frederick, MD 21701  
(240) 566-3300

**Garrett County**

Garrett County Memorial Hospital  
251 N. Fourth Street  
Oakland, MD 21550  
(301) 533-4000

**Harford County**

Upper Chesapeake Medical Center  
*(Upper Chesapeake Health System)*  
500 Upper Chesapeake Drive  
BelAir, MD 21014  
(443) 643-2000

Harford Memorial Hospital  
*(Upper Chesapeake Health System)*  
501 S. Union Avenue  
Havre DeGrace, MD 21078  
(443) 843-5500

**Howard County**

Howard County General Hospital  
*(Johns Hopkins Health System)*  
5755 Cedar Lane  
Columbia, MD 21044  
(410) 740-7777

<b>Kent County</b>
Chester River Hospital Center, Inc. 100 Brown Street Chestertown, MD 21620 (410) 778-3300

<b>Montgomery County</b>	
Holy Cross Hospital 1500 Forest Glen Road Silver Spring, MD 20910 (301) 754-7500	Montgomery General Hospital 18101 Prince Philip Drive Olney, MD 20832 (301) 774-8900
Shady Grove Adventist Hospital <i>(Adventist Health Care)</i> 9901 Medical Center Drive Rockville, MD 20850 (301) 279-6053	Suburban Hospital Health Care System 8600 Old Georgetown Road Bethesda, MD 20814 (301) 896-3880
Washington Adventist Hospital 7600 Carroll Ave. Takoma Park, MD 21912 (301) 891-7600	

<b>Prince George's County</b>	
Laurel Regional Hospital 7300 Van Dusen Road Laurel, MD 20707 (301) 497-7954	Prince George's Hospital Center 3001 Hospital Drive Cheverly, MD 20785 (301) 618-3162
Southern Maryland Hospital Center 7503 Surratts Road Clinton, MD 20735 (301) 877-4500	

<b>Queen Anne's County</b>	
Memorial Hospital at Easton <i>(Shore Health System)</i> 219 S. Washington Street Easton, MD 21601 (410) 822-1000	Chester River Hospital Center, Inc. 100 Brown Street Chestertown, MD 21620 (410) 778-3300

**St. Mary's County**

St. Mary's Hospital  
25500 Point Lookout Road  
Leonardtown, MD 20650  
(301) 475-6110

**Somerset County**

Peninsula Regional Medical Center  
100 E. Carroll Street  
Salisbury, MD 21801  
(410) 543-7101

**Talbot County**

Memorial Hospital at Easton  
*(Shore Health Systems, Inc.)*  
219 S. Washington Street  
Easton, MD 21601  
(410) 822-1000

**Washington County**

Washington County Health System  
251 E. Antietam St.  
Hagerstown, MD 21740  
(301) 790-8300

**Wicomico County**

Peninsula Regional Medical Center  
100 E. Carroll Street  
Salisbury, MD 21801  
(410) 543-7101

**Worcester County**

Peninsula Regional Medical Center  
100 E. Carroll Street  
Salisbury, MD 21801  
(410) 543-7101