

PRICEMASTER FILING SUBMISSION AFFIDAVIT

To be completed and returned to the Office of Health Care Access (OHCA) with each pricemaster submission. (FILL IN BLANKS AND CHECK BOXES WHERE APPLICABLE)

Enter Name of Hospital: _____

Fill in the month for which this pricemaster submission is effective or the range of months that this submission is effective.

Month(s) _____

All new or revised charges not previously reported to OHCA shall be filed by the fifteenth calendar day of the month following implementation of the new or revised charges in accordance with § 19a-643-204(a) of the Regulations of Connecticut State Agencies.

CERTIFICATION OF COMPLIANCE - FILING REQUIREMENTS PURSUANT TO Conn. Gen. Stat. § 19a-681,

I, _____, _____
(Name of authorized person) (CFO/CEO)

of _____, hereby state that pursuant to Conn. Gen. Stat. § 19a-681:
(Hospital)

1. I certify that the information contained in this pricemaster form submitted to the **Office of Health Care Access** is true and accurate.
2. I certify that the data included in the **MS Excel and Adobe PDF files** submitted with this certification form agree in every detail to the Hospital's entire schedule of charges.
3. I certify that the pricemaster form being submitted represents the entire detailed schedule of charges.
4. I certify that the prices charged for patient services provided on or after the effective date indicated on the attached schedule of charges agrees with the detailed bills issued by the hospital for the applicable period.

Signature of CFO/CEO

Date

Subscribed and sworn to before me on _____
Date

Notary Public / Commissioner of Superior Court

My commission expires: _____
Date

Warning: Submission of this pricemaster form is subject to the false statement penalties as set forth under Conn. Gen. Stat. § 19a-500. In addition, pursuant to Conn. Gen. Stat. § 19a-681, billing a patient for a charge that is not in agreement with the pricemaster on file with the Office of Health Care Access shall subject the hospital to a civil penalty of \$500 per occurrence.