

**Hospital/Medical Center/Health System**  
**Facility Fee Billing Affidavit - CY 2020 Facility Fee Filing**

Indicate ‘Yes’ or ‘No’ to the text below and submit the completed and signed Facility Fee Billing Affidavit with your filing to the <i>Facility Fee Notifications and Filings</i> web portal at <a href="http://ohsnotificationandfilings.ct.gov">ohsnotificationandfilings.ct.gov</a> .	
For calendar year (“CY”) 2020, did the hospital/health system charge Facility Fees at any of its hospital-based facilities outside of its main campus pursuant to <a href="#">C.G.S. §19a-508c(m)</a> ?	
For CY 2020, did the hospital/health system have any transactions as described in <a href="#">C.G.S. §19a-508c (k) (1)</a> that resulted in the establishment of a hospital-based facilitate at which facility fees will likely be billed?	
If you have indicated ‘No’ to the above questions, then <b>Stop</b> here and <b>Sign</b> the affidavit. If ‘Yes,’ please continue indicating ‘Yes’ or ‘No’ to the following two questions.	
Is the CY 2020 Facility Fee data in Tables 1 and 2 the hospital/health system submitted pursuant to the requirements of <a href="#">C.G.S. §19a-508c(m)</a> ?	
Did the hospital/health system complete the Facility Fee Notice Affidavit?	
Check (v) the year(s) applicable if the hospital/health system is resubmitting Facility Fee data which it submitted incorrectly or inaccurately in prior year’s filings. If not, enter N/A and sign the affidavit.	
CY 2017	
CY 2018	
CY 2019	

The information in the hospital/health system’s CY 2020 facility fee filing to the Office of Health Strategy, is true, accurate and consistent with the CY 2020 Facility Fee Filing General Instructions the Office provided to the hospital/health system.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Subscribed and sworn to before me on \_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public / Commissioner of Superior Court

My commission expires: \_\_\_\_\_  
Date