

HOSPITAL/HEALTH SYSTEM
ATTESTATION OF COMPLIANCE WITH FACILITY FEE PATIENT NOTIFICATION AND
TRANSPARENCY REQUIREMENTS OF C.G.S. SEC. §19a-508c
AFFIDAVIT – CALENDAR YEAR 2020

Indicate, with a checkmark that the hospital/health system attests to compliance with the following subsections of [C.G.S. §19a-508c](#). Subsections without a checkmark require an explanation that can be included in the rightmost column.

In lieu of completing the first page of the affidavit, the hospital/health system may submit policies and procedures demonstrating their compliance to [C.G.S. §§19a-508c](#). Policies and procedures submitted for each section below will require an explanation as to why the hospital/health system cannot attest to that specific section. Explanations can be placed in the rightmost column.

Please submit the completed affidavit and policies and procedures if applicable by uploading the document through the *Facility Fee Hospital Notices to Patients* section of web portal at ohsnotificationandfilings.ct.gov. Health systems may complete one Attestation for all the hospitals that fall under its system.

Regarding activity during calendar year (“CY”) 2020, the hospital/health system attests that all patients charged a facility fee pursuant to subsection (b*) of C.G.S. §19a-508c , received proper written notice in the manner required by (1) - (3) of that subsection	<input type="checkbox"/>	
Regarding activity during CY 2020, the hospital/health system attests that all patients charged a facility fee pursuant to subsection (c*) of C.G.S. §19a-508c , received proper written notice in the manner required by (1) - (3) of that subsection	<input type="checkbox"/>	
Regarding activity during CY 2020, the hospital/health system attests that each of its initial patient billing statements that includes a facility fee, included all of the specific elements required by (1) – (5) of subsection (d*) C.G.S. §19a-508c	<input type="checkbox"/>	
Regarding activity during CY 2020, the hospital/health system attests that its written notices are provided to patients in plain language and in a form that may be reasonably understood, pursuant to subsection (e*) of C.G.S. §19a-508c	<input type="checkbox"/>	
Regarding activity during CY 2020, the hospital/health system attests that for non-emergency and emergency care, the timing and manner of proper notification of facility fees have taken place in accordance with the requirements of (1) – (2) of subsection (f*) of C.G.S. §19a-508c	<input type="checkbox"/>	
The hospital/health system attests that it prominently displays written notice in the manner required by (1) – (3) of subsection (h) of C.G.S. §19a-508c	<input type="checkbox"/>	
The hospital’s/health system’s hospital-based facility clearly holds itself out as such to the public as required by subsection (i) of C.G.S. §19a-508c	<input type="checkbox"/>	
Regarding activity during CY 2020, the hospital/health system attests to informing patients in the manner required by (1) – (4) of subsection (j) of C.G.S. §19a-508c when scheduling services for which a facility fee may be charged	<input type="checkbox"/>	

If the hospital/health system had a transaction in the preceding year that met the definition of [C.G.S. §19a-508c \(k\) \(1\)](#), proceed to the below statement. If not, please sign and date the affidavit.

Regarding activity during CY 2020, the hospital/health system attests that its facility fee notice to patients of a group practice acquired through a transaction defined by **subsection (c)** of [C.G.S. §19a-486i](#), follows each criteria outlined by (1) and (2A-F) of **subsection (k*)** of [C.G.S. §19a-508c](#) and that the hospital/health system has followed the statutory requirements of (3) and (4) of **subsection (k*)** of [C.G.S. §19a-508c](#).

*Subsection b-f and k of C.G.S. §19a-508c do not apply to Medicare, Medicaid and worker's compensation patients.

By signing this affidavit, the hospital or health system: 1) attests that it is compliant with the above subsections of [§§19a-508c](#), and 2) acknowledges that any violation as described in **subsection (k)** of C.G.S [§§19a-508c](#) shall be considered an unfair trade practice pursuant to section [42-110b](#).

Hospital/Health System Name

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