**Facility Fee Notice template designed to address requirements of subsection (k) of C.G.S. §19a-508c**

Date

Dear Patient of (acquired entity),

You are receiving this notification as a recent patient of (acquired entity). On XX/XX/XXXX, (acquired entity) affiliated with (Hospital/Health System) resulting in (acquired entity) becoming a hospital-based facility. (Acquired entity) is now part of (hospital/health system). (Hospital/health system optional - *discuss any changes to staffing, physical location, operating hours, message you would like to send out to patients, etc.*)

Due to the associated costs of operating this hospital-based facility, (hospital/health system) will bill or will likely bill patients for a facility fee that may be in addition to, and separate from, any professional fee billed by a health care provider at (acquired entity). The (estimated *or* average *or* range of amounts of the *(pick one of the three methods to disclose the facility fee amount)*) facility fee for the most common services provided at (acquired entity) is XXXXXX (to XXXXXX).

Actual financial liability will depend on the professional medical services actually provided during the visit. You may incur financial liability that is greater than you would incur if (acquired entity) were not a hospital-based facility. Prior to seeking services at this hospital-based facility, commercially insured patients should contact their health insurer for additional information regarding the hospital-based facility fees, including the patient’s potential financial liability, if any, for such fees.

If you should have any questions, please do not hesitate to contact (Name of contact person) at (XXX) XXX-XXXX.

Sincerely,

|  |  |
| --- | --- |
| (Signature) |  |
| (Printed Name) |  |
| (Title) |  |
| (Hospital/Health System) |  |
| (Business Address of Hospital/Health System) |  |