

**HOSPITAL/HEALTH SYSTEM**

**ATTESTATION OF COMPLIANCE WITH FACILITY FEE PATIENT NOTIFICATION AND  
TRANSPARENCY REQUIREMENTS OF C.G.S. §19a-508c**

**AFFIDAVIT – CALENDAR YEAR 2022**

<p>Indicate, with a checkmark, that the hospital/health system attests to compliance with the following subsections of <a href="#">C.G.S. §19a-508c</a>. Subsections without a checkmark, require an explanation that can be included in the rightmost column.</p> <p>In lieu of completing the first page of the affidavit, the hospital/health system may submit policies and procedures demonstrating their compliance to <a href="#">C.G.S. §19a-508c</a>. 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.</p> <p>Please submit the completed affidavit and policies and procedures if applicable by uploading the document through the <i>Facility Fee Hospital Notices to Patients</i> section of web portal at <a href="https://ohsnotificationandfilings.ct.gov">ohsnotificationandfilings.ct.gov</a>. Health systems may complete one Attestation for all the hospitals that fall under their systems.</p>		
Regarding activity during calendar year (“CY”) 2022, the hospital/health system attests that all patients charged a facility fee in accordance with <a href="#">C.G.S. §19a-508c(b)</a> * received proper written notice as required by subdivisions (1)-(3) thereof.	<input type="checkbox"/>	
Regarding activity during calendar year (“CY”) 2022, the hospital/health system attests that all patients charged a facility fee in accordance with <a href="#">C.G.S. §19a-508c(c)</a> * received proper written notice as required by subdivisions (1)-(3) thereof.	<input type="checkbox"/>	
Regarding activity during calendar year (“CY”) 2022, the hospital/health system attests that each of its patient billing statements that includes a facility fee, in accordance with <a href="#">C.G.S. §19a-508c(d)</a> * included all of the specific elements required by subdivisions (1) – (5) thereof.	<input type="checkbox"/>	
Regarding activity during calendar year (“CY”) 2022, 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 in accordance with <a href="#">C.G.S. §19a-508c(e)</a> * thereof.	<input type="checkbox"/>	
Regarding activity during calendar year (“CY”) 2022, the hospital/health system attests that for non-emergency and emergency care in accordance with <a href="#">C.G.S. §19a-508c(f)</a> * the timing and manner of proper notification of facility fees has taken place as required by subdivisions (1)-(2) thereof.	<input type="checkbox"/>	
The hospital/health system attests that in accordance with <a href="#">C.G.S. §19a-508c(h)</a> * the written notice is prominently displayed in a manner required by subdivisions (1)-(3) thereof.	<input type="checkbox"/>	
The hospital/health system attests that in accordance with <a href="#">C.G.S. §19a-508c(i)</a> * the hospital-based facility clearly holds itself out as such to the public.	<input type="checkbox"/>	

Regarding activity during calendar year (“CY”) 2022, the hospital/health system attests that all patients charged a facility fee in accordance with <a href="#">C.G.S. §19a-508c(b)(j)</a> * received proper written notice as required by subdivisions (1)-(4) thereof.	<input type="checkbox"/>	
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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 calendar year (“CY”) 2022, the hospital/health system attests that its facility fee notice to patients of a group practice acquired through a transaction in accordance with <a href="#">C.G.S. §19a-486i(c)</a> follows each criteria outlined by subdivisions (1) and (2A-F) of <a href="#">C.G.S. §19a-508c(k)</a> , and the hospital/health system has followed the statutory requirements of <a href="#">C.G.S. §19a-508c (k) subdivisions (3) – (5)</a> ,	<input type="checkbox"/>	
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\*Subsections b-f and l of C.G.S. §19a-508c do not apply to Medicare, Medicaid and workers’ 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 C.G.S. [§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