

**Hospital/Medical Center/Health System**

**Facility Fee Billing Affidavit - CY 2019 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>OHS Notices and Filings</i> web portal at <a href="http://ohsnotificationandfilings.ct.gov">ohsnotificationandfilings.ct.gov</a> .	
For calendar year ("CY") 2019, did the Hospital/Health System charge Facility Fees at any of its hospital-based facilities outside of its main campus pursuant to C.G.S. Sec. 19a-508c (m)?	
If you have indicated 'No' above 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 2019 Facility Fee data in Tables 1 and 2 the Hospital/Health System submitted pursuant to the requirements of C.G.S. Section 19a-508c (m)?	
For CY 2019, did the Hospital/Health System have any transactions described in C.G.S., Section 19a-508c (k) (1)?	
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 <b>N/A</b> and sign the affidavit.	
CY 2016	
CY 2017	
CY 2018	

The information in the Hospital/Health System's CY 2019 facility fee filing to the Office of Health Strategy, is true, accurate and consistent with the CY 2019 Facility Fee Filing General Instructions the Office provided to the Hospital/Health System.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

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

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

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