HOSPITAL/HEALTH SYSTEM

ATTESTATION OF COMPLIANCE WITH FACILITY FEE PATIENT NOTIFICATION AND TRANSPARENCY REQUIREMENTS OF C.G.S. SEC. §19a-508c, AFFIDAVIT – CALENDAR YEAR 2019

Indicate, through the use of a checkmark that the hospital/health system attessubsections of C.G.S. §§19a-508c and 19a-486i. Subsections without a check be included in the right most column. In lieu of completing the first page of the affidavit, the hospital/health system demonstrating their compliance to C.G.S. §§19a-508c. Policies and procede will require an explanation as to why the hospital/health system cannot attess can be placed in the right most column Please submit the completed affidavit and policies and procedures if applicate the Facility Fee Hospital Notices to Patients section of web portal at ohse Systems may complete one Attestation for all the hospitals the	n maures t to t	rk require an explanation that can ay submit policies and procedures submitted for each section below that specific section. Explanations y uploading the document through cationandfilings.ct.gov. Health
Regarding activity during calendar year ("CY") 2019, 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		
Regarding activity during CY 2019, 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		
Regarding activity during CY 2019, 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		
Regarding activity during CY 2019, 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		
Regarding activity during CY 2019, the hospital/health system attests that for non-emergency and emergency care, the timing and manner of proper notification of facility fees has taken place in accordance with the requirements of (1) – (2) of subsection (f*) of C.G.S. §19a-508c		
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		
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		
Regarding activity during CY 2019, 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.		

The hospital/health system attests that no transaction as described subsection (c) of C.G.S. §19a-486i has occurred in the preceding	
If a transaction did occur in the preceding year that met the def proceed to the below statement. If not, please	
Regarding activity during CY 2019, the hospital/health system at its facility fee notice to patients of a group practice acquired throutransaction defined by subsection (c) of C.G.S. §19a-486i, follow criteria outlined by (1) and (2A-F) of subsection (k*) of C.G.S. §508c and that the hospital/health system has followed the statutor requirements of (3) and (4) of subsection (k*) of C.G.S. §19a-50	ough a ws each §19a- ory
*Subsection b-f and k of C.G.S. §19a-508c do not apply to Medicare, Medicare By signing this affidavit, the hospital or health system: 1) at subsections of §19a-508c, and 2) acknowledges that any vio	ttests that it is compliant with the above olation as described in subsection (k) of C.G.S
§19a-508c shall be considered an unfair trade practice pursu	uant to section 42-110b.
Hospital/Health System Name	☐ Hospital ☐ Health System
Signature	Date
Printed Name	_
Subscribed and sworn to before me onDa	
Notary Public / Commissioner of Super	erior Court
My commission expires:	

Date