

Hospital/Medical Center/Health System
Facility Fee Billing Affidavit - CY 2024 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>Facility Fee Notifications and Filings</i> web portal at ohsnotificationandfilings.ct.gov .	
For calendar year (“CY”) 2024, did the hospital/health system charge Facility Fees at any of its facilities on or off campus pursuant to C.G.S. §19a-508c(m) ?	
For CY 2024, did the hospital/health system have any transactions as described in C.G.S. §19a-508c (k) (1) that resulted in the establishment of a hospital-based facility at which facility fees may be billed?	
Is the CY 2024 Facility Fee data in Tables 1 and 2 the hospital/health system submitted pursuant to the requirements of C.G.S. §19a-508c(m) ?	
Did the hospital/health system complete the Facility Fee Notice Affidavit?	
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 N/A and sign the affidavit.	
CY 2021	
CY 2022	
CY 2023	

The information in the hospital/health system’s CY 2024 facility fee filing to the Office of Health Strategy, is true, accurate and consistent with the CY 2024 Facility Fee Filing General Instructions the Office provided to the 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