

HOSPITAL/HEALTH SYSTEM
ATTESTATION OF COMPLIANCE WITH FACILITY FEE PATIENT NOTIFICATION AND
TRANSPARENCY REQUIREMENTS OF C.G.S. §19a-508c
AFFIDAVIT – CALENDAR YEAR 2024

Indicate, with a checkmark, that the hospital/health system attests to compliance with the following subsections of C.G.S. §19a-508c. Subsections without a checkmark, require an explanation that can be included in the rightmost column. In lieu of completing the first page of the affidavit, the hospital/health system may submit policies and procedures demonstrating their compliance to C.G.S. §19a-508c. 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. 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 ohsnotificationandfilings.ct.gov. Health systems may complete one Attestation for all the hospitals that fall under their systems.		
Regarding activity during calendar year (“CY”) 2024, the hospital/health system attests that all patients charged a facility fee in accordance with C.G.S. §19a-508c(b) * received proper written notice as required by subdivisions (1)-(3) thereof.	☐	
Regarding activity during calendar year (“CY”) 2024, the hospital/health system attests that all patients charged a facility fee in accordance with C.G.S. §19a-508c(c) * received proper written notice as required by subdivisions (1)-(3) thereof.	☐	
Regarding activity during calendar year (“CY”) 2024, the hospital/health system attests that each of its patient billing statements that includes a facility fee, in accordance with C.G.S. §19a-508c(d) * included all of the specific elements required by subdivisions (1) – (5) thereof.	☐	
Regarding activity during calendar year (“CY”) 2024, 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 C.G.S. §19a-508c(e) * thereof.	☐	
Regarding activity during calendar year (“CY”) 2024, the hospital/health system attests that for non-emergency and emergency care in accordance with C.G.S. §19a-508c(f) * the timing and manner of proper notification of facility fees has taken place as required by subdivisions (1)-(2) thereof.	☐	
The hospital/health system attests that in accordance with C.G.S. §19a-508c(h) * the written notice is prominently displayed in a manner required by subdivisions (1)-(3) thereof.	☐	
The hospital/health system attests that in accordance with C.G.S. §19a-508c(i) * the hospital-based facility clearly holds itself out as such to the public.	☐	

Regarding activity during calendar year (“CY”) 2024, the hospital/health system attests that all patients charged a facility fee in accordance with C.G.S. §19a-508c(b)(j) * received proper written notice as required by subdivisions (1)-(4) thereof.	☐	
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”) 2024, the hospital/health system attests that its facility fee notice to patients of a group practice acquired through a transaction in accordance with C.G.S. §19a-486i(c) follows each criteria outlined by subdivisions (1) and (2A-F) of C.G.S. §19a-508c(k) , and the hospital/health system has followed the statutory requirements of C.G.S. §19a-508c (k) subdivisions (3) – (5) .	☐	

*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