

Patient Identification Label	
Name	_____
MRN	_____
DOB	_____
Date of service	_____

## **Are You Eligible for Discounted Care?**

### **Your Rights as a Patient Under Hospital Discounted Care**

If you need help paying a hospital bill, you can see if you qualify for discounted care. You can call the hospital at 855.843.3547 (staff are available M-F from 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:30 p.m.) to set up an appointment to see if you qualify.

#### **Overview:**

- You may qualify for discounted care if your income is low.
- If you qualify:
  - Hospitals and providers must limit your bills.
  - You must be offered a payment plan based on your income.
- You may still qualify even if you:
  - Are not a citizen.
  - Are an immigrant.

#### **Your Rights**

- Under the new law you have the right to:
  - Check to see if you qualify for discounted care.
  - Check to see if you qualify for public health care coverage.
  - Be given a payment plan if you qualify.

### **Summary of New Law, starting September 1, 2022**

- If your gross household income is at or below 250% of the federal poverty level:
  - You may be able to get discounts on your health services.
  - You have the right to a payment plan based on your income.
  - To see if your household income qualifies you may ask the hospital where you received care or visit: <https://hcpf.colorado.gov/colorado-hospital-discounted-care>
- You can get information in your primary language about your rights.
- For more information go to: <https://hcpf.colorado.gov/colorado-hospital-discounted-care>

### **New Law About Bills from Hospital**

- The most a hospital can bill for a service is set by the Department of Health Care Policy and Financing.
- The hospital must break the bill into monthly charges.
  - Your monthly bill cannot be more than 4% of your monthly income.
- You may be billed by a provider who works at the hospital.
  - The provider's monthly bill cannot be more than 2% of your monthly income.
- You do not owe any more money
  - Once you make 36 payments, or
  - Pay the full amount due on your payment plan.

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### Public Health Coverage and Discounts

- If you do NOT have health insurance:
  - The hospital must see if you are eligible for the following:
    - Public health coverage and discount programs, like Health First Colorado, Child Health Plus (CHP+), Emergency Medicaid, Colorado Indigent Care Program (CICP), and hospital discounts
      - These can cover all or most of your health care bills.
- If you have health insurance:
  - You have the right to have your eligibility checked for discounts.
  - You must ask to be checked for eligibility for discounts and public health coverage programs.
- The hospital must check to see if you qualify within 45 days of when you received the service or ask to be screened.
- You may refuse to be screened. If you refuse to be screened, you may lose your right to take legal action against the hospital and providers for:
  - Not checking to see if you qualify for programs, or
  - Not giving you discounts.

### Bill Collection Under Hospital Discounted Care

- Before sending your bill to collections, a hospital or provider who works at the hospital must:
  - Do what is listed above.
  - Give you a payment plan if you are eligible.
  - Explain all the services and fees on your bill in your primary language.
  - Bill your insurance (if you have insurance).
  - Notify you they may send you to collections.
- If your bill is sent to collections without doing all the steps listed above, you can take legal action.

### Decision and Appeals

- The hospital must notify you of the decision within 14 days of completing an application.
- How to appeal the decision.
  - An appeal happens when you do not agree with a decision.
  - You ask for your case to be reviewed for mistakes.
  - You have 30 days from the date the hospital gave you the decision to file an appeal.
  - For more information on how to appeal visit <https://hcpf.colorado.gov/hospital-discounted-care> or call 1.800.221.3943

### Complaints

- You can file a complaint if you feel that any of your rights listed above have not been met.
- Complaints can be filed with the hospital or provider.
- Complaints can also be filed with the Department of Health Care Policy and Financing.
  - To file a complaint with the Department, contact 303.866.2580 or [hcpf\\_HospDiscountCare@state.co.us](mailto:hcpf_HospDiscountCare@state.co.us)

My signature acknowledges receiving this notice and does not waive my rights under the law.

\_\_\_\_\_  
Name of patient (printed)

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Signature of patient or legally authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**Interpretation:** Discussion interpreted for patient/representative by (name or #) \_\_\_\_\_