

Hospital Discounted Care (HDC) Opt-out Form

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

Form to Opt Out of Screening for Public Health Coverage and Hospital Discounted Care

Prior to completing this form, you should have read “Are You Eligible for Discounted Care? Your Rights as a Patient Under Hospital Discounted Care”. By completing this form, you are knowingly deciding to opt out of screening for public health insurance programs and hospital discounted care.

I _____ (patient name) have received the following information from _____ (hospital name) in the language in which I feel most comfortable. I understand the purpose of this form.

By signing below, I am indicating that I understand and agree to the following:

- The hospital told me about public health coverage programs (Medicaid, Emergency Medicaid, Child Health Plan Plus (CHP+), Medicare, and financial help for private insurance) and discounted care and payment plans (Hospital Discounted Care). See next page for more information on these programs.
 - For more information on discounted care and payment plans, visit: <https://hcpf.colorado.gov/colorado-hospital-discounted-care>
 - For more information about your right to be screened for hospital discounted care, see Colorado Revised Statute §25.5-3-501
- I understand that:
 - Public health coverage programs can help pay my medical bills with little or no cost to me.
 - Discounted care and payment plans may reduce the cost of my care received in a hospital.
 - Choosing not to be checked for eligibility for these programs means I will not find out if I may qualify for these programs at this time.
 - If I choose not to be checked, I may lose the right to take legal action against the hospital for not checking me.
 - If I choose not to be checked today, I can ask to be checked later. If I ask within 45 days of the date I received services, the hospital must check my eligibility.

If you want to opt out of screening, please read and initial the appropriate box or boxes below.

____ I do not want my eligibility to be checked for public health insurance programs today.

____ I do not want my eligibility to be checked for discounted health care and payment plans today.

First and Last Names of Patient: _____

Signature of Patient: _____

First and Last Name of Legal Guardian or Parent (if needed): _____

Signature of Legal Guardian or Parent (if needed): _____

Today's Date: _____ **Date of Hospital Service:** _____

Signature of Staff Member: _____ **Date:** _____

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PUBLIC HEALTH COVERAGE AND FINANCIAL HELP OPTIONS

Health First Colorado (Colorado's Medicaid Program) is a public health coverage program. It pays for health care services for low-income adults, children, older adults, and people with disabilities. People with Health First Colorado pay very little or nothing for health care services covered by the program. To qualify, you must be a resident of Colorado, and you must be a citizen or have a qualified immigration status. Medicaid can cover services that you received up to three months before you submitted your application.

- *Learn more and apply:* Visit [CO.gov/PEAK](https://www.CO.gov/PEAK) or call 1-800-221-3943.

Emergency Medicaid is a public health coverage program that helps people pay for serious medical emergencies. It is for people in low-income households who are not eligible for Medicaid because of their immigration status, such as people who do not have a lawful immigration status. Emergency Medicaid only covers "life- or limb-threatening" emergencies, including severe cases of COVID-19, the birth of a baby, dialysis for End-Stage Renal Disease, and other life-threatening emergencies such as a heart attack. It does not cover routine (non-emergency) health care services. Emergency Medicaid can cover emergency services that you received up to three months before you submitted your application.

- *Learn more:* Visit <http://www.healthfirstcolorado.com/emergency-medicaid> to learn more.
 - Submit a paper application for Health First Colorado and write "Emergency Medicaid" on the top or call 1-800-221-3943.

Child Health Plan Plus (CHP+) is public low-cost health coverage for pregnant people and children aged 18 and under. It is for people who earn too much to get Health First Colorado (Medicaid) but not enough to pay for insurance. To qualify, you must be a resident of Colorado, and you must be a citizen or have a qualified immigration status.

- *Learn more and apply:* To learn more, visit hcpf.colorado.gov/child-health-plan-plus or call 1-800-359-1991. When you're ready to apply, visit [CO.gov/PEAK](https://www.CO.gov/PEAK).

Medicare is a federal health coverage program. It is for people aged 65 or older, people under 65 who get Social Security disability benefits, people with End-Stage Renal Disease, and people with Lou Gehrig's Disease (ALS). It helps with the cost of care, but it doesn't cover all medical costs. It also doesn't cover the cost of most long-term care.

- *Learn more and apply:* Visit www.medicare.gov/basics/get-started-with-medicare or call Medicare Customer Service at 1-800-633-4227.

Connect for Health Colorado is Colorado's official health insurance marketplace, where low- and middle-income people can get financial help with purchasing private health insurance. People with private health insurance typically pay more for health care, but financial help can help low- and middle-income people with those costs if they buy the insurance plan from Connect for Health Colorado. This financial help can lower the amount you have to pay for private health insurance each month and can sometimes lower the amount you have to pay for health care you receive.

Learn more and apply: Visit connectforhealthco.com or call 855-752-6749