

Guarantor number: 900021808
Responsible party: Firstname Lastname
Statement date: July 06, 2023

Thank you for choosing Children's Hospital Colorado

Please submit payment of **\$0.00** by **July 27, 2023** or setup a payment plan through MyChart, or call Patient Financial Services at **720-777-6422** if you would like to make payment arrangements.

Patient Balance Summary

Previous Balance	263,017.54
Payment Since Last Statement	0.00
Your current balance	\$0.00
Amount due by July 27, 2023	\$0.00

Pay Your Bill Online



Easiest way to view statements, setup payment plans, make payments, go paperless, and more!

mychart.childrenscolorado.org

Activation code: 3XJ6D-P2XPN

Or, use this info for Guest Pay:

mychart.childrenscolorado.org/guestpay

Guarantor ID: 900021808

Name: Lastname

Pay by Mail



Complete the form below and mail to:
Children's Hospital Colorado
PO Box 913191
Denver, CO 80291-3153

Pay by Phone



Call 720-777-6422 to pay by credit or debit card.
8 a.m. to 4:30 p.m. Monday, Tuesday, Thursday,
Friday
9 a.m. to 4:30 p.m. Wednesday

Detach the bottom portion to return with your payment.



13123 East 16th Avenue
Aurora, CO 80045

Amount Due
\$0.00

Due By
July 27, 2023

Amount Enclosed

\$

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Pay Online at mychart.childrenscolorado.org

Pay By Phone at 720-777-6422

Pay By Mail Make checks payable to:
Children's Hospital Colorado
PO Box 913191
Denver, CO 80291-3153

Questions? Call 720-777-6422
or E-mail pfs@childrenscolorado.org

Addressee

Firstname Lastname
12345 Galaxy
denver CO 80231

My address or insurance information has changed. I have written these changes on the back of this form.

07272300000090002180850000000009

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Financial Assistance, Charity Care, and Payment Plan Information

Financial Assistance Program

Many of our patients' families who do not have health insurance are surprised to learn that their child may qualify for help. Children's Hospital Colorado works with eligible patients and families to apply for government aid for hospital services. If patients and their families are not eligible for government aid, the Financial Counseling team may be able to offer other financial aid in the form of discounts and payment plans.

The Financial Assistance Program is available to all patients who do not have health insurance and live in the United States. We expect families to use all available resources before financial aid will be considered. Qualifications for many assistance programs require applicants to meet federal poverty income guidelines based on the Federal Poverty Level (located in the "About Us" section at www.childrenscolorado.org). Eligibility for financial aid depends upon family size, income, and the age of the applicant.

Please call us at (720) 777-7001 to speak with a Financial Counselor. They will help you apply for financial aid programs that are available.

Children's Hospital Colorado Charity Program

Children's Hospital Colorado Charity Program provides financial aid to patients and families in need. The decision to provide charity care will, in most cases, be based on a review of the family's income, assets and liabilities at the time of visit, and will typically result in a sliding-scale co-payment due from the family.

What are the general requirements?*

- Ineligibility for Medicaid, Child Health Plan+ and Colorado Indigent Care Program
- Household size, income and resources below 400% of the Federal Poverty Level
- Submission of required information within 60 days of the visit

*Exceptions may apply

Payment Plan Options

Children's charges are consistently applied to all patients regardless of their ability to pay or method of payment. Children's Hospital Colorado provides flexible payment plan options for our patients and families. While many payment plans do not exceed 6 months, exceptions can be made on a case-by-case basis. To set up a payment plan, please call us at (720) 777-6422 to speak with a Customer Service representative.

Asistencia Financiera, Asistencia por Caridad e Información del Plan de Pago

El Programa de Asistencia Financiera

Muchas de las familias de nuestros pacientes sin seguro médico se asombran al enterarse de que es posible que su hijo califique para recibir ayuda. Children's Hospital Colorado colabora con los pacientes y familias elegibles pues solicita ayuda gubernamental para los servicios hospitalarios. En caso de que los pacientes y familias no sean elegibles para recibir la ayuda gubernamental entonces es posible que el equipo de Asesoría Financiera pueda ofrecer asistencia financiera mediante descuentos y planes de pago.

El programa de asistencia financiera está disponible para todos los pacientes quienes carecen de seguro médico y viven en los Estados Unidos de Norteamérica. Antes de considerar la asistencia financiera, confiamos en que las familias recurrirán a todos los recursos disponibles.

Para calificar ante muchos de los programas de asistencia, es necesario que los solicitantes cumplan con los lineamientos federales de bajo ingreso basados en el nivel de marginalidad federal (localizado en la sección "Sobre nosotros" ("About Us") en www.childrenscolorado.org). La elegibilidad para la asistencia financiera depende del número de familiares en la vivienda, el ingreso y la edad de solicitante.

Por favor, comuníquese al (720) 777-7001 para hablar con un asesor financiero. Le ayudarán para solicitar los programas de asistencia financier disponibles.

El Programa de Asistencia por Caridad en Children's Hospital Colorado

El programa de asistencia por caridad en Children's Hospital Colorado otorga ayuda financiera para los pacientes y familias necesitados. En la mayoría de los casos, la decisión de brindar asistencia por caridad se fundamentará en la revisión del ingreso de la familia, en los activos y pasivos al momento de la consulta y, por lo general, la familia cubrirá el co-pago resultante a partir de la escala móvil.

¿En qué consisten los requisitos generales?*

- No resultar elegible ante Medicaid, Child Health Plan+ y el programa de atención indigente en Colorado o si estos se le denegaron
- El número de familiares en la vivienda, el ingreso y los recursos por debajo del 400% del nivel de marginalidad
- Presentar la información requerida dentro de los 60 días de la consulta

*Es posible que se apliquen excepciones

Las Opciones del Plan de Pagos

En Children's, los cargos se fijan de manera consistente a todos los pacientes sea cual sea la capacidad de pago o método de este. Children's Hospital Colorado facilita opciones de pago flexible a nuestros pacientes y familias. Si bien muchos planes de pago no exceden los 6 meses, si se pueden hacer excepciones de acuerdo con cada caso en particular. Para establecer un plan de pago, le agradecemos que se comunique con nosotros al (720) 777-6422 para hablar con un representante de servicios al cliente.

IF WE DO NOT HAVE YOUR INFORMATION, OR IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE...

Your Name (Last, First, Middle)
Address
City, State, Zip
Telephone
Social Security #
Employer's Name
Employer's Address
City, State, Zip
Indicate if Applicable: <input type="radio"/> Auto Accident <input type="radio"/> Worker's Compensation
Date of Injury

Primary Insurance Company's Name
Primary Insurance Company's Address
City, State, Zip
Policyholder Name & Date of Birth
Policyholder's ID & Group Number
Secondary Insurance Company's Name
Secondary Insurance Company's Address
City, State, Zip
Policyholder Name & Date of Birth
Policyholder's ID & Group Number



Children's Hospital Colorado

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Children's Hospital Colorado complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-720-777-9800.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-720-777-9800.

Out-of-Network Surprise Billing Disclosure

Surprise Billing- Know Your Rights

Beginning January 1, 2020, Colorado state law protects you from “surprise billing,” also known as “balance billing.”

What is surprise/balance billing, and when does it happen?

You are responsible for the cost-sharing amounts required by your health plan including copayments, deductibles and/or coinsurance. If you are seen by a provider, or use services in a facility or agency that are not in your health plan's network, you may have to pay additional costs associated with that care. These providers or services at facilities or agencies are sometimes referred to as “out-of-network.”

Out-of-network facilities or agencies often bill you the difference between what your insurer decides is the eligible charge and what the out-of-network provider bills as the total charge. This is called “surprise” or “balance” billing.

When you CANNOT be balance-billed:

- Emergency Services. Not every service provided in an emergency department is an emergency service. If you are receiving emergency services, in most circumstances, the most you can be billed for is your plan's in-network cost sharing amounts. You cannot be balance-billed for any other amount. This includes both the emergency facility and any providers that see you for emergency care.
- Non-emergency Services at an In-Network or Out-of-Network Facility. The facility or agency must tell you if you are at an out-of-network location or at an in-network location that is using out-of-network providers. They must also tell you what types of services may be provided by an out-of-network provider.

You have the right to request that an in-network provider perform all covered medical services. However, you may have to receive medical services from an out-of-network provider if an in-network provider is not available. In this case, the most you can be billed for covered services is your in-network cost-sharing amount (copayments, deductibles, and/or coinsurance). These providers cannot balance-bill you.

Additional Protections

- Your insurer will pay out-of-network providers and facilities directly. Again, you are only responsible for paying your in-network cost sharing for covered services.
- Your insurer must count any amount you pay for emergency services, or certain out-of-network services (described above), toward your in-network deductible and out-of-pocket limit.
- Your provider, facility or agency must refund any amount you overpay within 60 days of being notified.
- A provider, hospital or outpatient surgical facility cannot ask you to limit or give up these rights.

If you receive services from an out-of-network provider, facility or agency in any other situation, you may still be balance-billed, or you may be responsible for the entire bill. If you intentionally receive non-emergency services from an out-of-network provider or facility, you may also be balance-billed.

If you think you have received a bill for amounts other than your copayments, deductibles, and/or coinsurance, please contact our billing department at 720-777-6422 or pfs@childrenscolorado.org or insurance verification team at 720-777-0720.

- This law does not apply to all health plans and may not apply to out-of-state out-of-network providers. Check to see if you have “CO-DOI” on your ID card. If not, this law may not apply to your health plan.

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 (720) 777-7001 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: o 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:
 - o 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:
 - o 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
 - o Once you make 36 payments, or
 - Pay the full amount due on your payment plan.

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.

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Bill Collection Under Hospital Discounted Care

- Before sending your bill to collections, a hospital or provider who works at the hospital must:
 - o 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. o 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.