

Guarantor number: 5555555
Responsible party: Firstname Lastname
Statement date: June 26, 2024

Thank you for choosing Children's Hospital Colorado

Please submit payment of **\$82.30** by **July 17, 2024** 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	2,461.38
Payment Since Last Statement	0.00
Your current balance	\$82.30
Amount due by	\$82.30
July 17, 2024	

Proposed Payment Plan

If you are unable to pay the balance in full, we would be happy to set up a payment plan for \$41.15 per month for 2 month(s). To begin making monthly payments, visit MyChart or Email us at pfs@childrenscolorado.org

Pay Your Bill Online



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

mychart.childrenscolorado.org

Activation code:

Or, use this info for Guest Pay:

mychart.childrenscolorado.org/guestpay

Guarantor ID: 5555555

Name: Lastname

Detach the bottom portion to return with your payment.



13123 East 16th Avenue
Aurora, CO 80045

Amount Due
\$82.30

Due By
July 17, 2024

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
123 Main St
Denver CO 80231

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

071724000000055555560000082307

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Complete the form below and mail to:
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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

The specific charges for health care services that have been billed to insurance or another payer are indicated below.

Hospital Charges and Facility Fees: This bill lists the itemized charges for the health care services provided. This bill includes hospital charges and facility fees only. Facility fees cover the cost of your care team and pay for the people (other than doctors) involved in your care, including the nurses, technicians, front desk staff, environmental services, medical records, interpreters, and many others that help provide care. You will receive a separate bill from your doctors for their professional services. The doctors' bill may come from the University of Colorado School of Medicine. If you have questions about this bill, please visit the "Frequently Asked Questions about Insurance, Billing, and Payment" page at childrenscolorado.org, call Patient Financial Services at 720-777-6422, or email pfs@childrenscolorado.org.

Financial Assistance and Charity Care Information: Financial assistance, hospital discounted care, or charity care may be available to you. Please see the attached patient rights notice about Hospital Discounted Care. You may contact Financial Counseling at (720) 777-7001 or email financialcounseling@childrenscolorado.org if you need help paying your bill. They can help you complete an application for financial aid programs that may be available to you. Visit www.childrenscolorado.org/your-visit/insurance-financial-resources to view a full copy of the Financial Assistance Policy.

Payment Plan Options: Children's Hospital Colorado provides flexible payment plan options for patients and families. To set up a payment plan, please go to mychart.childrenscolorado.org or call us at (720) 777-6422 to speak with a Customer Service representative.

Billing and Collections: Payment is due now. Failure to pay your bill or contact our office will result in the referral to an outside collection agency. To file an appeal related to this bill or to contest charges, call Patient Financial Services at (720) 777-6422 or email pfs@childrenscolorado.org.

Information Updates: If we do not have your information, or if your address or insurance information has changed since your last statement, please indicate and return the form to us. You may also update your information by calling Patient Financial Services at (720) 777-6422 or online in your MyChart account.

**For accounts with a pending insurance amount, your patient responsibility may change after the final insurance determination. This is your current balance including current self-pay balance due.

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:
 - 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.

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

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- 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:
 - 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.