

DATE

PATIENT NAME

PATIENT ADDRESS

CITY, STATE ZIP

PATIENT EMAIL ADDRESS(if available)

Dear (PATIENT NAME),

To be eligible under Colorado's Hospital Discounted Care law your gross household income must be at or below 250% of the Federal Poverty Guidelines (FPG). After reviewing your submitted application and supporting documentation, you are eligible for financial assistance. Details below include household members that were used in household size only.

Household Member	Approved for
John Doe	Hospital Discounted Care/Internal Charity
Jane Doe	Hospital Discounted Care/Internal Charity
James Doe	Household size only (current CHP+/Health First Colorado)

The information we used to make the determination is:

- Household size -
- (ANNUAL/MONTHLY) Household income - \$
- Household calculated FPG -

Based on your calculated gross household income, the maximum you can be billed per month for a payment arrangement is:

- 4% limit for hospital services - \$
- 6% limit for combine hospital and physician services (IF APPLICABLE) - \$
- 2% limit for related health care professional services - \$

As a result, your (HOSPITAL/SYSTEM NAME) accounts will receive a discount for services from (DATE) through (DATE). If your household size and/or income changes and you would like to re-apply for additional financial assistance, please contact us at (PHONE NUMBER) or (EMAIL ADDRESS IF APPLICABLE/AVAILABLE).

Members of your household may also be potentially eligible for the following programs:

- Health First Colorado (Colorado's Medicaid Program) or Child Health Plan *Plus* (CHP+) or Emergency Medicaid - Apply by (DATE) to ensure coverage of (DATE OF SERVICE) at (COUNTY) Department of Human Services (PHONE NUMBER/WEBSITE) or online at [healthfirstcolorado.com](http://healthfirstcolorado.com).
- Medicare - Apply at (COUNTY/LOCAL) Social Security Administration (ADDRESS AND/OR PHONE NUMBER) or online at [medicare.gov](http://medicare.gov).
- Subsidies through Connect for Health Colorado - More information on enrollment dates and special enrollment periods can be found on [connectforhealthco.com](http://connectforhealthco.com).

**If you do not agree with this determination, you have the right to appeal the decision:**

- The patient/guardian has 30 calendar days from the date this determination letter was received to appeal (HOSPITAL NAME) eligibility determination. The appeal must be submitted in writing:
  - By mail: (HOSPITAL APPEALS MAILING ADDRESS)
  - By email: (HOSPITAL APPEALS CONTACT EMAIL ADDRESS IF APPLICABLE/AVAILABLE)

(HOSPITAL NAME) has 15 calendar days from the date of the received appeal to complete a redetermination of eligibility and respond to the patient/guardian.

Patients may also file appeals or submit Hospital Discounted Care complaints to the Department of Health Care Policy and Financing at [hcpf\\_HospDiscountCare@state.co.us](mailto:hcpf_HospDiscountCare@state.co.us) or 303-866-2580.

Thank you,

Financial Counselor signature