



PO BOX 740760
CINCINNATI, OH 45274-0760

SSC08648 4477150 496639974

TAMERA ANDERSON
6730 TULLAMORE DR
COLORADO SPRINGS, CO 80923-7708



Create a MyHealthOne account to pay your bill

When you create your MyHealthOne account or log in, you can view and pay your hospital bill online. You will also be able to review your current health information and more.

Disponible asistencia para el idioma español.

Pay securely online at:
www.skyridgemedcenter.com/billpay

Statement Date: 2/22/2024 | **Account Number:** 1512407063 | Page 1 of 1

ACCOUNT ACTIVITY

Account Number	1512407063
Date of Service	2/5/2024
Total Amount For Hospital Services*	\$ 2,138.17
Insurance Payments to Date	\$ 1,638.17
Due From Insurance	\$ 0.00
Patient Payments to Date	\$ 0.00
Total Payments to Date	\$ 1,638.17
Remaining Account Balance	\$ 500.00

AMOUNT YOU OWE \$ 500.00**

*Total Amount For Hospital Services is the total amount the hospital expects to receive for services after all discounts have been applied, including insurance contractual allowances.

**The amount you owe may include copay, deductibles or non-covered charges

Pursuant to Colorado law, discounts for hospital services are available for qualified individuals. Information regarding your rights is available in the enclosed Hospital Discounted Care Patient's Rights Form. If you do not respond or request screening for discounted care, you may lose your opportunity to be screened for eligibility for discounted care.

A MESSAGE FOR YOU...

FOR CHARITY POLICY, VISIT WWW.SKYRIDGEMEDCENTER.COM OR 866-551-6004. PARA LA POLIZA DE CARIDAD, WWW.SKYRIDGEMEDCENTER.COM O 866-887-1229.

This is the hospital bill for Emergency services from February 5, 2024 through February 5, 2024.

PAYMENT OPTIONS

- Pay online at www.skyridgemedcenter.com/billpay Available 24/7
- Pay with your smart phone by scanning this QR code 
- Pay-by-phone or call Customer Service at: 866-551-6004 Available Mon-Fri 8AM - 9PM ET
- Mail in a check or credit card information with the section below.

DETACH HERE AND RETURN BOTTOM PORTION WITH PAYMENT

Patient	Account No.	Amount Now Due	Amount Paid
TAMARA ANDERSON	1512407063	\$ 500.00	\$

☐ Check here if your address or insurance information has changed.
Please indicate changes on the back of this page.

Please do not send cash.
Make checks payable to: SKY RIDGE MEDICAL CENTER



Account No.

Expiration Date

Authorized Signature

SKY RIDGE MEDICAL CENTER
27150
P.O. BOX 740760
CINCINNATI OH 45274-0760



ANDERSON TAM 00151240706327150000000500006



CHANGE OF ADDRESS OR HEALTH INSURANCE INFORMATION

If you have new health insurance or a new address, please enter the information below.

NEW ADDRESS		CITY	STATE	ZIP CODE	NEW PHONE #
NEW EMAIL ADDRESS				<input type="checkbox"/> Check here to give us permission to use your email and phone number for billing purposes.	
POLICY HOLDER'S NAME/RELATIONSHIP TO PATIENT		POLICY ID #		GROUP #	
EFFECTIVE DATE	BIRTH DATE OF INSURED	HMO/PPO/OTHER		INSURANCE PHONE #	
IF GROUP INSURANCE, NAME OF GROUP (EMPLOYER, UNION/ASSOCIATION)				EMPLOYER PHONE #	
INSURANCE COMPANY NAME		INSURANCE ADDRESS			
EMPLOYER		EMPLOYER ADDRESS			

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 (844) 974-3800 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.

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.

¿Soy elegible para recibir cuidados y atención con descuento?

Mis derechos como paciente bajo la atención hospitalaria con descuento

Si necesita ayuda para pagar una factura médica o de un hospital, usted puede ver si es elegible para obtener descuentos. Puede llamar al hospital al (844) 974-3800 para programar una cita para ver si es elegible.

Descripción general:

- Es posible que sea elegible para obtener cuidados y atención con descuento.
- Si usted es elegible:
 - Los hospitales y médicos deben limitar lo que le cobran.
 - Se le debe ofrecer un plan de pago que se base en sus ingresos.
- Es posible que sea elegible incluso si usted:
 - No es un ciudadano.
 - Es un inmigrante.

Sus derechos

- Según la nueva ley, usted tiene derecho a:
 - Averiguar si es elegible para obtener cuidados y atención con descuento.
 - Averiguar si es elegible para la cobertura de salud pública.
 - Que se le dé un plan de pago si es elegible.

Resumen de la nueva ley que comienza el 1 de septiembre de 2022

- Si el ingreso bruto de su hogar es igual o menos del 250% del nivel de pobreza federal:
 - Es posible que pueda obtener descuentos en sus servicios de salud.
 - Usted tiene el derecho a un plan de pago que se base en sus ingresos.
 - Para ver si los ingresos de su hogar son elegibles, consulte con el hospital donde recibió la atención, o visite <https://hcpf.colorado.gov/colorado-hospital-discounted-care>.
- Usted puede obtener información sobre sus derechos en el idioma que prefiera.
- Para obtener más información, visite <https://hcpf.colorado.gov/colorado-hospital-discounted-care>.

Nueva ley sobre las facturas y cargos de los hospitales y médicos

- Lo máximo que un hospital o médico puede facturar por un servicio lo establece el Departamento de Políticas y Financiamiento de Atención Médica.
- El hospital y el médico deben dividir la factura en pagos mensuales.
 - Su factura mensual no puede superar el 4% de su ingreso bruto mensual.
- Es posible que usted reciba una factura de un médico del hospital.
 - La factura mensual del médico no puede superar el 2% de su ingreso bruto mensual.
- Usted no deberá dinero
 - una vez que haga 36 pagos, o
 - pague el monto total que debe del plan de pago.

Descuentos y coberturas de salud públicas

- Si usted **NO** tiene seguro de salud:
 - El hospital debe revisar si usted es elegible para:

- Cobertura de salud pública y programas de descuentos como Health First Colorado, Child Health Plan *Plus* (CHP+), Medicaid de Emergencia, Programa de Atención de Indigentes de Colorado (CICP, en inglés), y descuentos en hospitales.
- Si tiene seguro de salud:
 - Usted tiene el derecho a ver si es elegible para descuentos.
 - Usted debe preguntar si es elegible para los descuentos y programas de cobertura de salud públicos.
- El hospital debe revisar si usted es elegible en un plazo de 45 días a partir de la fecha en la que recibió el servicio o debe preguntar si usted es elegible.
- Usted puede negarse a saber si es elegible. Si usted no quiere saber su elegibilidad, es posible que pierda el derecho a presentar una demanda contra el hospital y médicos por:
 - No revisar si usted es elegible para programas, o bien
 - no obtener descuentos.

Cobranza de facturas de la atención hospitalaria con descuento

- Antes de enviar su factura a una agencia de cobranza, el hospital o médico que trabaja en el hospital debe:
 - Hacer lo que se indica arriba.
 - Ofrecerle un plan de pago si es elegible.
 - Explicarle todos los servicios y cargos de su factura en el idioma que usted prefiera.
 - Facturarle a su seguro (si es que tiene uno).
 - Informarle de que podrían enviarlo a cobranzas.
- Si su factura se manda a una agencia de cobranzas antes de todos los pasos que se listan arriba, usted puede iniciar acciones legales.

Decisión y apelaciones

- El hospital debe informarle la decisión dentro de los 14 días de completar la solicitud.
- Cómo y por qué apelar la decisión:
 - Si usted no está de acuerdo con la decisión, puede apelar.
 - Usted puede pedir que se revise su caso para ver si hay errores.
 - Usted tiene 30 días para apelar a partir de la fecha en la que el hospital le informó la decisión que tomó.
 - Para obtener más información, visite <https://hcpf.colorado.gov/hospital-discounted-care> o llame al 303-866-2580.

Quejas

- Usted puede presentar una queja si cree que algunos de los derechos arriba mencionados no se respetaron.
- Las quejas pueden presentarse ante el hospital o médico, como también ante el Departamento de Políticas y Financiamiento de Atención Médica.
 - Para presentar una queja ante el Departamento, llame al 303-866-2580 o hcpf_HospDiscountCare@state.co.us.