

STATE OF CONNECTICUT

ATTORNEY GENERAL GEORGE JEPSEN
OFFICE OF THE ATTORNEY GENERAL



55 ELM STREET HARTFORD,
CONNECTICUT 06106
<http://www.ct.gov/ag>

FACILITY FEE COMPLAINT

1. PLEASE TYPE OR PRINT CLEARLY IN DARK INK.
2. PLEASE COMPLETE THE ENTIRE FORM. INCOMPLETE OR UNCLEAR FORMS MAY DELAY THE PROCESSING OF YOUR COMPLAINT.
3. ATTACH COPIES OF SUPPORTING DOCUMENTS. DO NOT SEND ORIGINALS.
4. IF YOU HAVE QUESTIONS ABOUT THIS FORM, PLEASE CALL THE HEALTH CARE ADVOCACY UNIT AT (860)808-5355.
5. YOU MAY SUBMIT THE FORM BY EMAIL OR DIRECT MAIL. TO EMAIL, SEND TO Thomas.ryan@ct.gov. TO MAIL SEND TO: OFFICE OF THE ATTORNEY GENERAL, 55 ELM STREET, HARTFORD, CT 06106, ATTENTION THOMAS RYAN, ASSISTANT ATTORNEY GENERAL.

Name _____

Telephone _____

Address _____

Email address (optional) _____

Name of provider of services _____

Address _____

Amount charged for professional fee _____

Name of entity that charged you a facility fee _____

Address _____

Amount charged for facility fee _____

Date of service _____

Were you notified when you scheduled the service that you would be charged a facility fee? _____

If so, were you told how much the facility fee would be? _____

Were you notified on the date of service that you would be charged a facility fee? _____

Were you given the names of alternative providers that did not charge a facility fee? _____

Please describe any signage or other identification at the provider's office informing patients that the office was part of or affiliated with a hospital

Did you submit any complaints regarding the facility fee to the provider or your insurer? _____

If yes, please provide a copy of your complaint and any response(s) you received.

NOTE: In order to resolve your complaint, we may send a copy of this form to the person or business about whom you are complaining.

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the State. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I also understand that information submitted to the Office of the Attorney General may be considered public information subject to disclosure under the Connecticut Freedom of Information Act, Connecticut General Statutes Section 1-200 et. seq. I further understand that I may be asked to testify in the event that the Office of the Attorney General takes formal legal action in connection with my complaint. The above complaint is true and accurate to the best of my knowledge.

Signature: _____ Date: _____