

NEW MEXICO HAS NEW LAWS TO PROTECT PATIENTS AGAINST DEBT!

- **You cannot be sued or sent to collections for medical bills if you have a low income.**
- Hospitals, urgent cares, and other clinics must check if you qualify for programs, like Medicaid, Exchange coverage, and hospital financial assistance, that can help you pay for healthcare costs.
- All medical bills sent to you must include clear information about your charges and if insurance paid them.
- Immigrants now qualify for hospital and county assistance programs without discrimination -- You cannot be denied "indigent care" programs, such as UNM Care, because of your immigration status.



Low-income patients can no longer be sued or sent to collections for a medical bill.

If your income is below the following levels, you are protected under the law:

Household size	1	2	3	4	5	6	7	8	9+
Monthly income is under:	\$2,147	\$2,904	\$3,660	\$4,417	\$5,174	\$5,930	\$6,687	\$7,444	Add \$756 for every additional person.

You must ask the hospital, clinic, or company to make a determination of income so that you cannot be sued or sent to collections for a medical bill.

THE PROTECTIONS UNDER THE LAW ARE NOT AUTOMATIC! You must ask for an official determination that your income qualifies you for protection from collections and being sued.



- Tell the hospital, clinic, or company that sent the bill that you have a low income and would like to request an official determination of "indigency" (income status). This can be done by phone or in writing.
- To prove your income, you do not need to show income documents like a pay stub. Your own written statement about your income must be accepted as proof of income.
- After you submit a request and proof of income, you will receive a letter within 10 days telling you if you are protected from being sued and sent to collections for the bill.

*****EXAMPLE OF BILL*****

Local Hospital
1234 Street
Albuquerque, NM

Jane Doe
456 Avenue
Albuquerque, NM

Visa Mastercard Discover

Card Number _____
Expiration Date _____
Cardholder Name _____
Account Number: 0100100 Amount Paying: _____

SUMMARY OF SERVICES

(1) → Service Date	07/01/2021
Radiology	\$5,000
Surgery	\$20,000
ER Visit	\$1,000

ACCOUNT SUMMARY

(2) → Verified as having insurance	Yes
Billed Charges	\$26,000
(3) → Insurance Payments	\$20,000
(4) → Balance Due	\$6,000
(5) → You were screened for programs that assist with medical costs.	

BY LAW, YOUR MEDICAL BILL MUST HAVE THE FOLLOWING INFORMATION:

- The date(s) you received care.
- If you have insurance.
- If the insurance was billed for your care at the hospital, urgent care, or clinic.
- How much you owe.
- If the hospital, urgent care, or clinic checked if you qualify for programs (such as Medicaid) that could help with healthcare costs.

*** A medical bill is different from an Explanation of Benefits (EOB). An EOB is a letter from your insurance company, telling you how much your insurance company will pay.

WHAT TO EXPECT WHEN GOING TO A HOSPITAL OR CLINIC:

BEFORE YOU GET CARE

A hospital, urgent care, or clinic must ask if you want them to check if you qualify for programs that help pay for healthcare costs. If you do qualify for something, they must ask if you want help enrolling in it. They must ask all of this when you schedule an appointment or after you get care. You can also ask them to check if you qualify, before or after you get care.



YOU GET CARE AT THE HOSPITAL, URGENT CARE, OR CLINIC



WHEN YOU GET A BILL

By law, your bill must say whether the facility checked if you qualify for programs that help with medical costs and whether your insurance paid any of your charges.



IF YOU HAVE A LOW INCOME, NOTIFY THE HOSPITAL, URGENT CARE, OR CLINIC

You can request protection from being sent to collections and sued for the bill. Turn in a signed document stating your income. (See form on next page.)



AFTER PROVING YOUR INCOME TO REQUEST PROTECTION FROM LAWSUITS AND COLLECTIONS

By law, the company that sent you the bill must send you a letter within 10 days telling you if it determined that you are officially protected.

ATTESTATION AND REQUEST FOR DETERMINATION OF INDIGENCY

Medical providers in New Mexico are prohibited from sending low-income patients to collections or suing them for debt if the patient's household income is under 200% of the federal poverty level.

This form may be used to apply for medical debt protections. You may fill it out for yourself as a patient or on behalf of a minor or adult under your guardianship.

1. CHECK ONE

- I am the patient.
- I am the patient's parent or legal guardian. If checking this box, please write the patient's name:

_____.

I am over 18 years of age. I am fully competent to make this attestation. Pursuant to NMSA 1978, Section 57-32-4 (2021), and 13.10.39.9(D) NMAC, I attest that my/the patient's household income is at or below the following:

2. CHECK ONE

Household size	1	2	3	4	5	6	7	8	If 9+: _____
Monthly Income is Under:	<input type="checkbox"/> \$2,147	<input type="checkbox"/> \$2,904	<input type="checkbox"/> \$3,660	<input type="checkbox"/> \$4,417	<input type="checkbox"/> \$5,174	<input type="checkbox"/> \$5,930	<input type="checkbox"/> \$6,687	<input type="checkbox"/> \$7,444	<input type="checkbox"/> * _____

Use the gross income (your income before taxes and other deductions are taken out) of the entire household, adding up the income of everyone in your household unit.

*For family units of more than 8, add \$757 for each additional member.

I request a determination of indigency for myself/the patient (if signing on behalf of the patient), pursuant to NMSA 1978, Section 57-32-4 (2021), and 13.10.39.9 NMAC. Upon a determination of indigency, all collection actions—i.e., selling medical debt to another party (including a debt collector) and actions requiring a legal or judicial process—based on charges for health care services or medical debt are prohibited. NMSA 1978, § 57-32-4(A) (2021).

Please provide me with a written notice of the determination of indigency **within 10 days**, as required by 13.10.39.9(E) NMAC. Because I have proven my patient/household income with this attestation in accordance with 13.10.39.9(D)(d) NMAC, the written notice must include confirmation that collection actions for healthcare services and medical debt are prohibited. 13.10.39.9(E)(a) NMAC.

3.

(Signature of Patient or Parent/Legal Guardian)

(Date)

(Printed Name of Patient or Parent/Legal Guardian)