

What is this form? New Mexico law says that health care providers cannot sue patients who are low income and cannot send their bills to a collection agency. Health care or medical providers are hospitals, emergency rooms, urgent care centers, doctors, dentists and other providers of health care services. If you are indigent (low income) then you are protected from being sued. You are considered indigent if your household income is less than 200% of the Federal Poverty Guidelines.

When should I use this form? If you owe money to a health care provider, hospital or other health care facility, then you can fill out this form. Give the completed form to your doctor, hospital or medical provider. By signing this form, and giving it to your medical provider, you are saying that the information in the form is true. You can use this form or you can provide paystubs, tax returns or other proof of income. It is your choice whether to use the form or provide other records.

How to fill out the Form.

1. Check Box 1 if you received medical care and are being billed. Fill in *your* name and date of birth.
2. Check Box 2 If the bill is for your child, grandchild or someone for whom you are the guardian. Fill in *their* name and date of birth. Check the box describing your relationship.
3. Check Box 3 if you are over 18 or an emancipated minor. To sign this form, you must be over 18 or an emancipated minor.
4. Check Box 4 if you are legally able to make your own decisions and do not have a guardian. This means that you are “competent”.
5. Use section 5 If you know the total **yearly** income for yourself or the patient. Using your projected or current yearly income, mark a box in “Annual Levels” table.
 - a. The number of people in your household, or the patient’s household, is the number of people who are counted together when you file your income tax return. On the top line, pick the number of people in your household, and circle it.
 - b. On the bottom line, find the current or projected yearly income The total yearly income is the income for all of the people in your household, added together.
6. Use section 6 If you only know your **monthly** income, or the monthly income for the patient, mark a box in the “Monthly Levels” table.

- a. The number of people in your household, or the patient’s household, is the number of people who are counted together when you file your income tax return.
 - b. The total monthly income is the income for all of the people in your household, added together.
 - c. Check the box if your income is equal to or less than the amount in the box below the number of people in your household.
7. At the bottom of the form, fill in the date, sign and print **your** name and address. By signing this form, you are stating that the information on the form is true.

Examples:

A. The patient is your disabled brother. You are his guardian and handle his financial matters. His household size is 1. Since he is an adult, you and your family are NOT part of his household. He receives social security benefits of \$18,000 per year. Since his annual income is LESS than the eligible amount (\$25,764) for a 1-person household, you would check the box in the orange space.

Household size	1	2	3	4	5	6	7+
Annual Income	<input type="checkbox"/> \$25,764	<input type="checkbox"/> \$34,848	<input type="checkbox"/> \$43,920	<input type="checkbox"/> \$53,004	<input type="checkbox"/> \$62,088	<input type="checkbox"/> \$71,160	<input type="checkbox"/> * _____

B. The patient is your 12-year old daughter. You live with your spouse and 2 other children. When you fill out your income tax return, you include yourself, your spouse and 3 children. Your household size is 5. You and your spouse work and your combined gross income for taxes is \$78,000 per year. Since your annual income is HIGHER than the eligible amount in the purple column for 5 people, you cannot check the box, and the law does not cover you.

Household size	1	2	3	4	5	6	7+
Annual Income	<input type="checkbox"/> \$25,764	<input type="checkbox"/> \$34,848	<input type="checkbox"/> \$43,920	<input type="checkbox"/> \$53,004	<input type="checkbox"/> \$62,088	<input type="checkbox"/> \$71,160	<input type="checkbox"/> * _____

Does my medical provider have to help me with this form?

If you don't understand this form, or want help with the form, talk to your medical provider and ask your provider to review your income to see if you qualify as indigent (low income). If your provider is NOT planning on pursuing a collection action against you, they do not have to review your income. If you are getting calls from a medical debt collector, you can ask them for help with determining whether you are indigent.

What if I am getting collection calls or I am sued?

First, ask your medical provider or the debt collector to determine if you are indigent. If you qualify as indigent, and you are being sued or called by a debt collector, you can make a complaint. You can file your complaint with the New Mexico Office of the Attorney General. Check the Attorney General's website at: www.nmag.gov and file a complaint using the Electronic Complaint Form. You can also call (844) 255-9210.

What is the legal basis for this form and the protection from medical debt collection?

The State of New Mexico passed a law called the Patient's Debt Collection Practices Act. The Act is part of New Mexico laws, and the number of the law is New Mexico Statutes Annotated ["NMSA"] Section 57-32-1 through 57-32-10. The Office of the Superintendent of Insurance passed rules that interpret some parts of the law. The number of the rule is Section 13.10.39 New Mexico Administrative Code ["NMAC"]. You can look up these laws and the rule on the website of the Office of the Superintendent of Insurance, www.osi.state.nm.us.