Know Your Rights with Medical Bills

Low-income patients in New Mexico can no longer be sued or sent to collections for a medical bill!

- Hospitals and providers must check if you have a low income, before suing you or sending you to collections. **They must contact you at least three times.**
- **At any time, you can tell the billing department or collection agency you have a low income and can't be sued or sent to collections.**
- You don't need to show income documents to prove you're protected. **A signed statement about your income must be accepted.**
- Income below the following levels is considered "low income" (before taxes and deductions):

Household size	1	2	3	4	5+
Monthly income is under:	$2,430	$3,287	$4,144	$5,000	Add $857 for every additional person.

Hospitals, urgent cares, and other clinics must check if patients qualify for programs that help with medical costs and help them sign up.

- *This includes programs like Medicaid, indigent care, and financial assistance.*
- *Indigent care programs, like UNM Care, cannot deny assistance based on immigration status.*

By law, your medical bill must have the following information:

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

Patients do not have to agree to a payment plan to receive these protections.

NM center on law and poverty

NM Together for Healthcare

If you have questions about your rights or are sued or sent to collections over a medical bill, call the New Mexico Center on Law and Poverty for help: (505) 255-2840.

NM center on law and poverty

NM TOGETHER for HEALTHCARE

ATTESTATION OF INDIGENCY

In New Mexico, a patient cannot be sent to collections or sued for medical bills if the patient's household income is equal to or less than 2 times the federal poverty line.

You may fill out this form for yourself or on behalf of a minor or adult under your guardianship and provide to a hospital, provider, or debt collector billing you for healthcare costs. No other documents can be required.

Step One: Check one

☐ I am the patient.

☐ I am the parent or legal guardian of the patient, whose name is:_____

I am over 18 years of age or an emancipated minor. I am fully competent to make this attestation. I attest that my/the patient's household income is at or below the following:

Step Two: Check One (Use either Projected Yearly Income OR Current Monthly Income)

Projected Yearly Income		OR	Current Monthly Income	
Household Size	**Income is no more than:**		**Household Size**	**Income is no more than:**
1	☐ $29,160		1	☐ $2,430
2	☐ $39,444		2	☐ $3,287
3	☐ $49,728		3	☐ $4,144
4	☐ $60,000		4	☐ $5,000
5	☐ $70,284		5	☐ $5,857
6+	☐ *_____		6+	☐ *_____
*For family units of 6 or more, add $5,148 for each additional member.			*For family units of 6 or more, add $857 for each additional member.	

You should include your taxable income plus any non-taxable Social Security benefits you receive. You should not include most pre-tax deductions from your paycheck or any Supplemental Security Income (SSI). If you have questions, contact the Center on Law & Poverty at 505-255-2840.

Step Three: Sign

I request a determination of indigency for myself/the patient. This attestation proves my/the patient's household income. 13.10.39.9(E) NMAC. Therefore, 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). Hiring or otherwise engaging third parties to perform collection actions or otherwise recover alleged medical debt is further prohibited. Id. Within 30 days please provide me with a written notice of the determination of indigency, which must include confirmation that collection actions for healthcare services and medical debt are prohibited. 13.10.39.9(F) NMAC.

_____ _____

(Signature of Patient or Parent/ Legal Guardian) (Date)

_____ _____

(Printed Name of Patient or Parent/ Legal Guardian) (Patient's Date of Birth)