

## Patients in New Mexico with low incomes cannot be sued or sent to collections for medical bills.

### Your rights:

- 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	5+
Monthly income is under:	\$2,660	\$3,607	\$4,553	\$5,500	\$6,447	Add \$947 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.

**Local Hospital**  
1234 Street  
Albuquerque, NM

Jane Doe  
456 Avenue  
Albuquerque, NM

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

Visa    Mastercard    Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Account Number: 0100100   Amount Paying: \_\_\_\_\_

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**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:

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.**



Household size	1	2	3	4	5	6	7
Household Monthly Income	<input type="checkbox"/> \$2,660.00	<input type="checkbox"/> \$3,606.67	<input type="checkbox"/> \$4,553.33	<input type="checkbox"/> \$5,500.00	<input type="checkbox"/> \$6,446.67	<input type="checkbox"/> \$7,393.33	<input type="checkbox"/> \$8,340.00
Household size	8	9	10	11	12	13	14
Household Monthly Income	<input type="checkbox"/> 9,286.67	<input type="checkbox"/> \$10,233.33	<input type="checkbox"/> \$11,180.00	<input type="checkbox"/> \$12,126.67	<input type="checkbox"/> \$13,073.33	<input type="checkbox"/> \$14,020.00	<input type="checkbox"/> \$14,966.67

I attest that the information that I am providing for myself, or the patient, is true and correct. I understand that I am providing this information so that my medical provider will not sue me or engage in collection actions against me.

\_\_\_\_\_  
(Signature of Patient or Parent/Legal Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Patient or Parent/Legal Guardian)

Address: \_\_\_\_\_