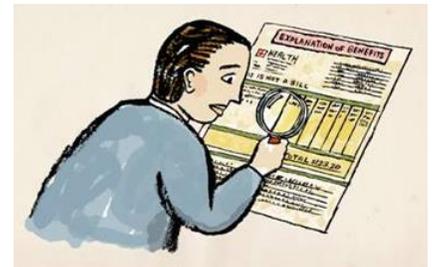


## Understanding Your Medical Bill

After you visit a provider, you'll typically receive a bill telling you how much you have to pay. Providers can include healthcare professionals, hospitals and other types of healthcare facilities. The amount you owe will depend on a number of factors – whether you have insurance, your type of plan and its cost-sharing features, and whether you received services in or out of your plan's network. It's important to look at your bill carefully and understand all the items on it to make sure you're being charged the correct amount.

### Before You Get Care: Know What You'll Owe

Medical bills can be complicated. It's easier to review and understand them if you have an idea of what you should owe *before* your bill shows up in the mail. Communicating clearly with your doctor up front and keeping detailed records can help you minimize billing errors and avoid surprises.



*Before Your Visit:* Ask your doctor which specific services you will be receiving and how much you will have to pay for each. Find out which providers will be involved in your care, and whether they are in your plan's network. Remember, even if a hospital is in your plan's network, doctors involved in your care may not be, so be sure to check.

*At Your Visit:* If the visit is in-network and you pay a co-pay and/or co-insurance, make sure you get a receipt. Keep this proof of payment for your records. Write down any services you receive and the dates you receive them.

### When You Get Your Bill: Read, Review and Ask Questions



#### *What Information Will I See?*

Medical bills may look different, but they all include the same basic information. Your bill tells you the services you received, the dates you received them, the cost for each service and the total amount you owe.

Usually, you'll get a separate bill for each type of specialty care you receive. For example, when you visit a hospital, you'll get a bill from each provider who had a role in your care. This includes physicians who you may not have met—like the pathologist who studied a tissue sample from a biopsy or the radiologist who interpreted your x-ray. If you have any questions about any of the services on your bill, it is a good idea to contact that doctor.

Hospitals bill charges to an individual patient’s account. If you have already been treated at a certain hospital, you can ask the billing department to check if you have an existing account there. If you prefer, you may request that all your bills be kept under one account. This can help you streamline your bills, and avoid overlooking one by mistake.

**Let’s look at a sample bill here. Some items you might see are:**

- Services/procedures you received. Some bills also list the code for the procedure or service (CPT® or HCPCS codes for medical procedures, CDT® codes for dental procedures)
- Date that the service(s) were provided
- Charge for each service
- How much your insurer is paying (usually under “Payments”)
- Date by which your payment must be received (“Payment Due Date”)
- Amount you are asked to pay (“Amount Due,” “Account Balance” or “Total Due”)
- The last date the provider or facility received a payment from you (“Prior Payment History”) *Note: If you made a payment after the most recent payment listed on the bill, contact your provider/facility.*
- Your identifying Tax ID Number or Account Number

<b>MAKE CHECKS PAYABLE TO:</b> New York Medical Group PO BOX 202 New York, NY 10002-0202		IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW CHECK CARD/USING FOR PAYMENT			
FOR BILLING INQUIRIES: 212-999-0000		SIGNATURE: _____ STATEMENT DATE: 10/18/2013    PAY THIS AMOUNT: \$65.00    PATIENT ACCT#: 12345 SHOW AMOUNT PAID HERE \$			
John Doe 123 Main Street Anytown, US 12345-6789		New York Medical Group PO BOX 202 New York, NY 10002-0202			
<input type="checkbox"/> Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.		<b>STATEMENT</b> PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT			
DATE OF SERVICE	CODE	DESCRIPTION OF SERVICE	CHARGES	PAYMENTS	BALANCE
10/10/13	XXXX4	OFFICE VISIT, 25 MINUTES	\$200.00	\$140.00	\$60.00
10/10/13	XXXX5	BLOOD DRAW	\$20.00	\$15.00	\$5.00
CURRENT	30-60 DAYS	60-90 DAYS	90-120 DAYS	120+ DAYS	AMOUNT DUE:
\$65.00					\$65.00

**Is My Bill Correct and Does It Match My EOB?**

Review your bill for any errors—even if you think they are minor. There may be treatments listed that you did not receive, charges that are higher than what you were told, a misspelled name or duplicate charges for the same service. If you spot any errors, contact your provider or his or her billing department.

You should also compare your bill to the Explanation of Benefits (EOB) form you received from your insurer, which lists the services you received and how much your plan paid. Your insurer’s payment should be listed under the “payments” section on your bill. If it hasn’t been applied, or you’re not sure, contact your provider’s billing department. The EOB and bill should match. If they do not, contact your insurer.

*Tip:* Some bills may only list a total amount owed, even if you received more than one service. If that happens, request an itemized bill that lists every single service and item you are being asked to pay. This makes it easier to spot errors.

## Paying Your Bill

### *What Will I Owe?*

*If You Are Insured:* Even if you have insurance, you may owe money if you haven't met your deductible or your plan doesn't cover the type of care you receive. For instance, if you use an out-of-network provider when your plan does not cover out-of-network care, you will have to pay the full cost.



If you stay in your provider network, and have met your deductible, you may only need to pay a co-payment and co-insurance and your plan will pay the rest. If you go out of your plan's network, even if your plan is one that includes out-of-network benefits, your costs may be higher. This is because providers outside your network have not agreed to any set rate with your insurer, and your plan may require higher co-pays, deductibles and co-insurance for out-of-network care.

*Tip:* Even if you have not met your deductible, your insurer may cover certain preventive services at no cost to you.

*If You Are Uninsured:* If you don't have insurance coverage, you will have to pay the full cost of your care. Before getting treatment, ask your provider how much it will cost. Then, go to [www.fairhealthconsumer.org](http://www.fairhealthconsumer.org) to find out how much these services usually cost in your area. This information may help you negotiate a lower fee or a payment plan with your doctor.

*Remember:* Under the Affordable Care Act, most people are required to have insurance or pay a penalty.

### *What If I Can't Afford to Pay?*



Act quickly. Avoiding the bill can push you further into debt and hurt your credit score. Contact your provider or the billing department of the hospital or facility where you received care, and ask if you qualify for financial help. Your doctor might be willing to accept a lower fee, or let you pay in installments over time. Remember, healthcare providers are not obligated to accept lower fees but it doesn't hurt to ask. Take notes of these conversations for your records. Include the date of your conversation, who you spoke with and what you discussed.

### *What if I Don't Pay on Time?*

It's important to pay your bill as soon as you can. Unpaid healthcare bills may affect your credit score. When a bill goes unpaid, your provider may hire a collections agency. If a collections agency contacts you, you have the right to ask for written confirmation of your debt. You also have the right to dispute the amount if you think you are being unfairly charged or have already paid. Make sure you dispute the bill in writing, and keep copies for your records. You may also request an audit of the bill if you believe it is wrong. Until the issue is resolved, you may want to make "good faith" payments for charges you are not disputing. This shows that you are not simply ignoring the bill. Send a letter with your check, clearly stating that this is a partial good faith payment, and keep a copy for your records.

## Your Action Plan: Ask, Review and Record

### *Before Your Visit*

- Know before you go! Find out if your providers and hospitals are in your plan's network. Make sure you ask about anyone who will be involved in your care – such as anesthesiologists, radiologists and pathologists. Review your plan documents and contact your plan with any questions. Use our *Questions to Ask Your Provider* and *Questions to Ask Your Plan Before Going Out-of-Network* to make sure you get all the information you need.
- Learn more about *Out-of-Network doctors at In-Network Hospitals*.
- If you are going out-of-network, or don't have insurance, estimate how much you may owe using the FAIR Health medical and dental cost lookup tools. This information can help you plan your costs and talk about lower fees with your providers.
- If you're being treated at a hospital:
  - If you have visited the hospital before, you may have more than one "patient account." Ask the hospital billing department whether your bills can be grouped under one account to make it easier to keep track of payments and to pay the balance in installments.
  - Find out if you qualify for financial aid or can pay for treatment in installments by contacting the billing department.



Keep good records! Save all receipts as proof of payment, note your healthcare visits, services received, names of providers, bills and the amounts you have paid with the dates of payment. This includes check numbers and credit card bills. This helps avoid confusion if there is a question about whether you paid a bill.

### *When You Get Your Bill*

- Review the bill to make sure it's correct. Look for overcharges, double-billing, and incorrect dates of service. If you believe there are errors, even minor ones, contact your provider.
- If each procedure or service isn't listed separately, ask for an itemized bill.
- Make sure the procedures and total payment amounts on your bill match your plan's EOB form. Contact your insurer if the information does not match.
- Use the FAIR Health medical and dental cost lookup tools to compare the charge amounts on your bill with what providers typically charge for the services and procedures you received.
- Know how much you owe—check to see whether the insurance payments, if applicable, have been applied to your bill.
- Pay bills on time! If not, your bill may be sent to a collections agency and hurt your credit score.



## If You Can't Pay

Act quickly! Contact your provider—whether an individual healthcare professional, or hospital/facility billing department—to talk about lower fees or payment options.

- Contact an advocacy organization. There may be consumer assistance programs in your state. Visit the Healthcare Resources section at [www.fairhealthconsumer.org](http://www.fairhealthconsumer.org) for additional information.
- Professional medical billing/patient advocates may be helpful—but keep in mind that you may have to pay for some of their services.

And remember, you are your own best advocate. Speaking up and asking questions is the best way to make sure your medical bills are accurate!



FAIR Health does not endorse any products or services.