

For more advice on how to navigate our broken healthcare system, read *An American Sickness*

HOW TO DEAL WITH BILLS

If you receive an outrageous bill from a hospital, a testing center, or a medical office, don't wait—negotiate!

Prices are so inflated that often even low-level clerks are authorized to approve major discounts. If you haven't met your deductible and are paying out of pocket, make an offer. I've heard from patients who've had bills for a \$3,000 emergency visit for a broken ankle and a \$25,000 hospital stay more than halved on the spot. If a hospital has to refer your payment to a debt collector, it will likely lose way more than half anyway.

When a hospital bill arrives in the mail, request complete itemization.

Many hospitals will use umbrella headings like “pharmaceuticals,” “room,” and “surgical supplies” on their bills to try to fudge full disclosure of costs. You want to know exactly which medicines and implants were used by the surgeons in the OR, for example, and the charge for each. In hospitals these days, every pill, every piece of surgical equipment, every splint is bar-coded; the hospital knows exactly how much will be charged for each item. The hospital may resist answering your inquiries and tell you that privacy regulations governing healthcare—such as those under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)—prevent such revelations. That's wrong. Some hospitals say they don't discuss billing with uninsured patients “as a matter of policy.” But that's not their choice. An itemized bill is your right.

Check the bill against the notes you made while you were in the hospital.

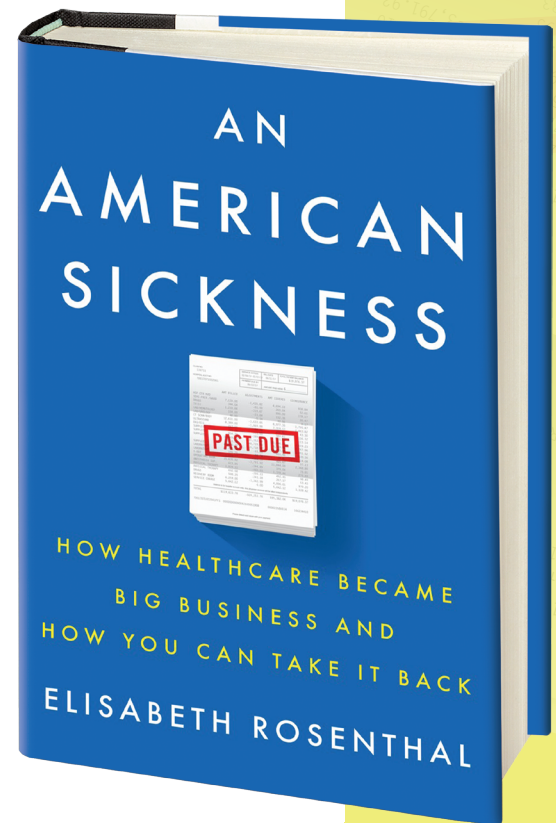
Make sure you received the services for which you are being charged. In an age of automated billing, errors are highly likely. One study found that over 90 percent of hospital bills contained mistakes, and others have detected errors in 50 percent of bills or more. The sooner we all start scrutinizing these statements and demanding some answers, the quicker this nonsense will stop. Hospitals will be forced to account for their billing practices.

Protest bills in writing to create a record.

Protests via e-mail or letter are harder to outsource than phoned complaints, which can be easily referred to an operator in a distant call center. Send a copy of your letter to a reporter at your local newspaper and the state insurance commissioner or consumer protection bureau. If your protest is about a doctor's charge, send a copy to his national specialty society (for example, the American Society of Plastic Surgeons or the American Academy of Orthopaedic Surgeons). These societies care about professional reputation and can sanction doctors for outrageous charges.

Argue against surprise out-of-network bills.

Sometimes, in spite of your best efforts to choose providers and facilities in your insurance network, one or more of the doctors involved in your hospital care, perhaps the pathologist or the surgical assistant or the anesthesiologist, ends up outside your network: “We regret to inform you that this provider does not participate in your insurance plan,” the bill reads. Until the laws and regulators in your state better address this problem, you have to push back yourself. You have grounds not to pay.



SERVICE DATE(S)	BILL DATE
02/06/17-02/07/17	04/11/17
PAYMENT DUE BY	AMOUNT PAID H
05/11/17	

ELLED	ADJUSTMENTS	AMT CO
30.00	-2,435.82	4.0
44.54	-81.50	
30.65	-319.67	
34.00	-21.64	
38.00	-5.14	
611.00	-3,633.65	8
389.00	-1,069.88	7
267.00	-50.49	
793.21	-211.60	
854.79	-289.10	
1,249.73	-11,153.59	
0.00	+8,739.89	
-476.27	-6,718.67	
721.36	-63.88	
155.20	-84.79	
1,029.77	-444.10	
15,615.92	-1,791.92	
624.95	-244.89	
1,899.33	-460.93	
692.58	-200.13	
508.35	-241.18	
6,259.00	-1,362.99	
5,642.12	0.00	

is for hospital account only. Any physician services w

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\$ 00000000000042600051908		
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