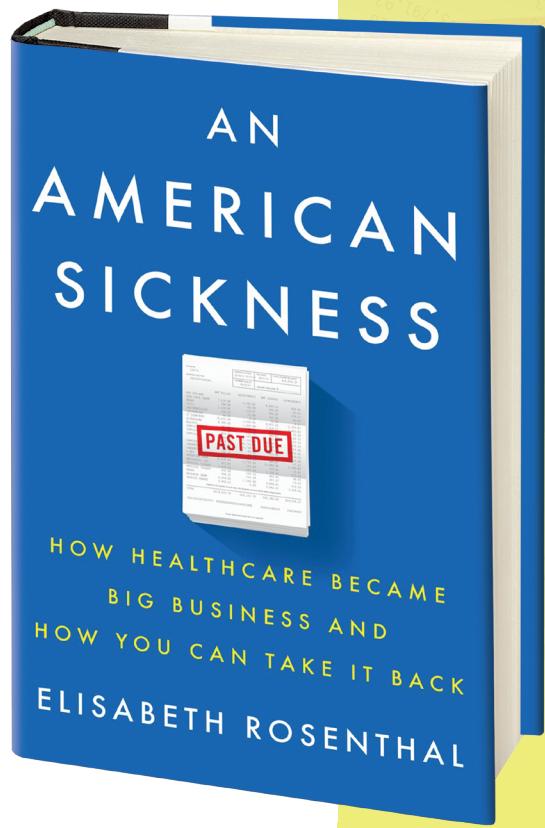


For more advice on how to navigate our broken healthcare system, read *An American Sickness*

5 QUESTIONS TO ASK DURING YOUR HOSPITAL STAY

You can protect your financial health while in the hospital by asking the right questions. Unless you are on Medicare or are a member of an HMO, your stay is (for now) most likely being billed intervention by intervention, visit by visit, item by item. Take these precautions:

- 1. Hospitals have built a huge oversupply of private rooms, though insurers frequently won't cover their cost.** If you are assigned to a private room, make it clear that you did not request it and would be happy to occupy a room with another patient. Otherwise, you might be hit up to pay the "private room supplement" by your insurer.
- 2. In the pages of admitting documents you'll have to sign, there is inevitably one concerning your willingness to accept financial responsibility for charges not covered by your insurer.** Before you sign, write in "as long as the providers are in my insurance network." You don't mind paying the required co-payments or deductibles but not out-of-network charges. For every medical encounter, Olga Baker, the San Diego lawyer, adds a "limited consent" clause to the chart, indicating that "consent is limited to in-network care only and excludes out-of-network care." It has worked well for her and, at the very least, this annotation will give you a basis for arguing later.
- 3. Be clear on the terms of your stay in the hospital: Are you being admitted or held on "observation status"?** Ask point-blank. The answer will have big implications for your wallet. Hospitals can keep you for up to three days (two midnights) on observation status. Though you will be in a hospital bed, you will be considered an outpatient and be responsible for outpatient co-payments and deductibles, which are generally far higher than those for an inpatient stay. If you are on Medicare, the government insurer will not count days on observation status toward its required three days of hospitalization required for coverage of a stay in a rehabilitation center or nursing home after discharge. Ask why you cannot be fully admitted. If there's not a good answer, insist on going the inpatient route.
- 4. If you're feeling well enough, ask to know the identity of every unfamiliar person who appears at your bedside, what he or she is doing, and who sent him or her.** If you're too ill, ask a companion to serve as gatekeeper and guard. Write it all down. Beware the nice doctor who stands at the foot of your bed each day and asks if everything's going OK. That pleasantry may constitute a \$700 consultation. There's an epidemic of drive-by doctoring on helpless inpatients. These medical personnel turn up whether you need or want them, with the intent of charging for their services. Remember that you can say no. Everything done to you or for you in the hospital will be billed at exorbitant rates.
- 5. If the hospital tries to send you home with equipment you don't need, refuse it, even if it's "covered by your insurance."** This is a particular concern if you've had an orthopedic procedure. Avoid \$300 bills for slings you could buy for \$10 at a pharmacy, \$1,000 knee braces, and \$2,500 wheelchairs, all billed to insurance and cluttering up your front closet.



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