



How to Resolve Medical Billing Problems

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Medical bills are often a big surprise when they come to your mailbox.

- Charges for things you didn't know existed.
- Insurance refusals of services that should have been covered.
- Double or triple charges that don't make any sense.

The steps to take once you find a billing discrepancy can be confusing and distressing, unless you are sure what you need to do.

In this report, we'll give you a clear idea of the steps you need to take to remedy any medical billing situation.

To get the best information for you, I interviewed Dr. Vincent Riccardi, the owner of American Medical Consumer (**www.medconsumer.com**). AMC helps individuals and employers make the best decisions when healthcare billing problems arise. They provide reasonable consulting services that will help you get on the right track immediately and stay there.

THE SITUATION

American healthcare is moving increasingly to a “consumer driven” model. The good news is that consumers are demanding the right to choose their own healthcare practices, practitioners and financing. The bad news is that this means that consumers must also be the sole decision-makers when problems arise. They are often on their own.

However, a simple set of steps will help any consumer or small business to face up to a challenge and overcome it. Billing problems can be with insurance companies or hospitals

STEP 1 – GATHER YOUR PAPERWORK

The only thing that will help you along your path to billing relief is what has been written down. Gather all the records, including everything your doctor wrote to you, every bill, every piece of correspondence.

Again, the only thing that will help you in the subsequent steps are the pieces of information that have been written down.

STEP 2 – REVIEW YOUR EVIDENCE OF COVERAGE

Go back and review your evidence of coverage. Every policy has an easy-to-read brochure called the evidence of coverage. This will hopefully make clear whether or not a particular procedure or product is covered or not. If the evidence of coverage says it is not covered, you can end your quest right now.

However, if it is covered, or if the evidence of coverage document is vague in that area, continue pursuing it.

For instance, the evidence of coverage may say that cosmetic surgery is not covered. However, if your cosmetic surgery was done as part of removal of a tumor (neurofibromatosis), it may be covered.

There are also situations involving misunderstandings. In these situations, continue pursuing relief of your charges.

STEP 3 – CALL MEMBER SERVICES

Contact the member services department of your insurance company. Find out if this is an easily reconcilable misunderstanding. Member services personnel can often be very helpful. Do not skip this step.

STEP 4 – PRESENT TO YOUR PLAN'S GRIEVANCE COMMITTEE

If Member Services cannot help you, escalate your problem to the Grievance Committee of your insurance company.

The Grievance Committee will expect less than 1 page of explanation of your problem, written in a concise and professional way. I emphasize “less than 1 page.” These Committee members hear one case after another and they cannot effectively scan multi-page grievances for each case.

If you have paid for the service using money from a Health Savings Account (HSA), you will not have the option of presenting to the Grievance Committee at the insurance company. In this case, you may want to move straight to face-to-face negotiation with the hospital or biller.

STEP 5 - DISCUSS THE SITUATION WITH YOUR PHYSICIAN

Talk over this problem with your physician. They may be able to make a quick change to some medical coding that will suddenly make this billing problem disappear and make the insurance company or hospital totally happy.

This is especially true of surgical procedures. Bundled charges that have been unbundled are often causes of headaches and misunderstandings between the parties involved.

For instance, with a bi-lateral hernia surgery, the physician may have tried to charge it as two operations instead of one. Re-bundling that charge may make your billing problem go away, if the physician is willing.

STEP 6 – NEGOTIATE FACE-TO-FACE WITH THE HOSPITAL OR BILLER

If the problem turns out to be your misunderstanding, you can still negotiate. If a hospital is faced with no payment at all versus a partial payment, they may be willing to work with you.

Lay out all the facts for them. If you don't have the money to pay them, and won't have it anytime soon, tell them.

Misunderstandings can occur in many different ways. For instance, your insurance plan may have certain contracted anesthesiologists at a hospital. Perhaps when your surgery occurred, none of those contracted doctors was available. So a non-contracted anesthesiologist was brought in, unbeknownst to you. The uncontracted rate will be immensely higher than what you were originally told. This type of situation would be easily remedied through negotiation, in most circumstances.

Your negotiation must be face-to-face with the decision maker at the hospital. Find the person who has the authority to make the changes you need, then sit

down and talk with that person. Be courteous and calm. You might just get what you need.

STEP 7 – RECOURSE TO A LAWYER

This is truly a last resort. Lawyers often won't get involved in medical billing problems unless the amount in question is in the tens of thousands of dollars. Even then, it's a good idea to try the other tactics first before bringing in a lawyer.

CONCLUSION

There are certain steps that you can see are missing from this list. For instance, we do not tell you to go to the State Medical Board. For the most part, they can't help you at all.

We also won't push you towards the Department of Insurance in your state. They don't have many tools to get you the relief you need.

However, if your medical work was done under Medicare or Medicaid, you should definitely take advantage of their advocacy services. They are excellent.

American Medical Consumer helps embolden their clients to take the right steps in gaining relief from billing problems. They offer expert advice and provide you with the experience of hundreds of cases that they've helped others solve since they began in 1992. Their average billing costs begin at \$50-200 for individuals, and sometimes that's all it takes.

AMC's **NextStep program** is specifically designed for individuals who need help understanding what their options are when a billing problem arises. There's no shame in asking for help.

AMC also offers NextStep for employers. For instance, if an employer has begun an HSA program for their employees, they may wish to bundle the AMC

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NextStep system into their benefits program to deal with any billing problems that arise when the employees are using HSA money to pay for medical services.

The move towards consumer-driven healthcare is gaining momentum. By following these simple steps and asking for help from a company like American Medical Consumer, you can feel safe and assured when any billing problem comes up that seems, at least initially, unsolvable.

Thanks for reading our FREE REPORT *How to Resolve Medical Billing Problems*.

For more information on American Medical Consumer, go to their Website www.medconsumer.com or call 800-836-5AMC. Ask to speak to Dr. Vincent Riccardi.