

MEDICAL EXPENSES: HEALTHCARE SERVICES Continued

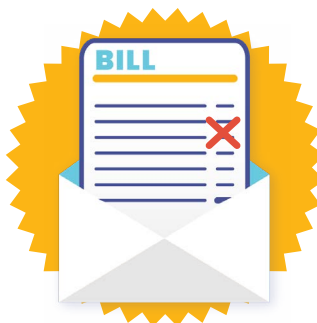
REVIEW YOUR BILLS FOR ANY ISSUES OR MISTAKES.

If you are insured, check the charges your doctor billed against your **Explanation of Benefits (EOB)** to make sure you aren't being charged incorrectly. The amount the EOB says you should be billed should match the statement you receive from the provider. If the charges do not match, contact your insurance company at the customer service number on your insurance card and ask about the difference.

You should also reach out to your provider's billing office to ask the same question. If you were approved for a discount or reduced charges, be sure your discount is reflected on the bill.

Billing representatives are human, and sometimes humans make mistakes. If you don't see the discount you were

awarded on your bill, ask for an itemized statement to show the discounted charges.



✓ CHECK TO SEE IF YOUR INSURANCE COMPANY DENIED CHARGES.

If your bill seems abnormally high, ask the insurance company and the billing office to double-check. Sometimes denials occur for reasons as simple as an incorrect birthdate or misspelled name, so it's important to investigate if you find that your insurance company denied care. If this is the case, you can ask that the claim be reprocessed and that should

resolve any issues. If the care was denied for a reason like your insurance company believes you did not need the care you received or it was experimental, you can start the appeals process. Learn more about how to appeal a denial from your insurance company in our Appeals training.

Lastly, if you are struggling to pay medical bills, look for diagnosis-based assistance.

You can ask the financial counselor or social worker at the treating facility about your options. These may include **federal programs with diagnosis-based funding**, like the Ryan White HIV/AIDS Program (RWHAP) which pays for care associated with an HIV or AIDS diagnosis.

RESOURCES

Search these titles at <https://education.patientadvocate.org/>

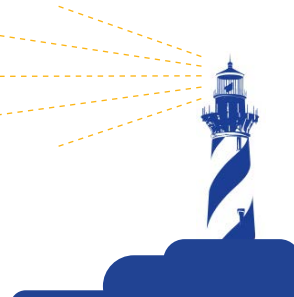
- 🔗 [Finding & Selecting Insurance](#)
- 🔗 [PAF Co-Pay Relief Brochure](#)
- 🔗 [Negotiating Medical Costs](#)
- 🔗 [If it's not a bill, why is the EOB important to me?](#)
- 🔗 [Telehealth Tip Sheet](#)
- 🔗 [Common Roadblocks to Care](#)
- 🔗 [Clinical Trials Guide](#)
- 🔗 [National Financial Resource Directory Flyer](#)
- 🔗 [Denials and Appeals Training](#)

Patient Advocate Foundation, a national nonprofit organization founded in 1996, provides direct services to patients with chronic, life-threatening, and debilitating diseases. For more information about medical expenses and other health care-related topics, explore our Education Resource Library at <https://education.patientadvocate.org>

WITH SUPPORT FROM THE TRUIST CHARITABLE FUND



The Patient Education and Empowerment Department creates resources that address a range of topics from medical debt to insurance access and disability benefits. The resources we produce are reflective of real-world experiences that meet the needs of the patients PAF serves.



MEDICAL EXPENSES: HEALTHCARE SERVICES

TO LEARN MORE ABOUT OUR RESOURCES, CLICK HERE

If you have a chronic disease or condition, the cost of healthcare in America can be hard to manage. Patients who don't have insurance coverage are more likely to delay or forego preventative and routine medical care and have poorer health

outcomes as a result. People without insurance also have a harder time paying medical bills for healthcare services. Whenever possible, it's best to have health insurance as it makes the decision easier on whether and when to receive

necessary medical care. However, we understand that there are circumstances that make it difficult to secure insurance, so here are a few tips on how to minimize healthcare costs.

IF YOU ARE UNINSURED AND HAVE A MEDICAL EMERGENCY, GO TO YOUR NEAREST HOSPITAL'S EMERGENCY ROOM.



They will not deny you essential life-saving services to stabilize your condition, regardless of your ability to pay. However, you should reserve this option for true emergencies only. If you don't have health insurance, you will be billed for all medical services. Minimizing non-emergency visits to the ER also helps hospitals ensure that they can treat those most in need of emergency care.

CHECK WITH THE CLOSEST UNIVERSITY OR TEACHING HOSPITAL REGARDING THEIR FINANCIAL ASSISTANCE PROGRAM.



University and teaching hospitals are more likely than for-profit facilities to offer financial aid programs. Call the billing department to inquire about their financial options.

IF YOU CAN SCHEDULE CARE IN ADVANCE, BE AWARE OF WHAT THE HEALTHCARE SERVICE WILL COST.



You can use a service like www.fairhealthconsumer.org to estimate the cost of the services. Calling different providers to try to find the lowest price will help you decide where to go for care. Remember—more expensive care does not equal better care.

SEEK NON-EMERGENCY CARE AT A LOCAL HEALTH CENTER OR CLINIC.



These services are often offered for free or on a sliding scale based on your income. You can find these clinics by searching your zip code at the HRSA site <https://findahealthcenter.hrsa.gov> or on Needy-Meds at www.needymeds.org/free-clinics-branch

UTILIZE TELEHEALTH WHEN POSSIBLE.

Telehealth, or virtual doctor visits, allow you to discuss non-emergency medical issues with a doctor by phone or online at a time that's convenient for you. Telehealth offers access to licensed medical professionals for people who may not have access otherwise. It also can be a cost-effective way for people who do not have insurance or whose insurance does not cover certain costs to receive care, and you will save in transportation costs.



SEARCH FOR A CLINICAL TRIAL THAT IS SPECIFIC TO YOUR DIAGNOSIS.



Trials frequently cover most or all the treatment costs and can be an affordable way to access care. You will still be responsible for the cost of the standard care; however, you will receive the novel treatment and any additional screenings or follow-ups at no cost. Some trial sponsors and disease organizations will even pay for travel costs. The National Institute of Health (NIH) and National Cancer Institute (NCI) offer a broad range of clinical trials.

MEDICAL EXPENSES: HEALTHCARE SERVICES Continued

MEDICAID is insurance funded by the federal government and operated by your state for people with limited income and resources. It covers most medical expenses and sometimes vision, dental, and travel expenses, depending on where you live. Because Medicaid is administered by each state, benefits, services, and eligibility vary. Medicaid may be more difficult to get in some states due to stricter income and resource limits.



SCREENING PROGRAMS (which can identify diseases or conditions even if you are not experiencing symptoms) for some disease conditions may be available through your local health department or clinic. These include:

THE NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (NBCCEDP) provides breast and cervical cancer early detection testing for low-income, underserved, under-insured, and uninsured women in the US. Services can include mammograms, PAP tests, pelvic exams, diagnostic testing if results are abnormal, referrals for treatment, and more. If you meet state qualifications, screening through this program is beneficial because most states provide Medicaid benefits to women younger than 65 who are diagnosed through the NBCCEDP and without insurance. In your state, this program may have a different name, but you can search for providers that screen through this program at <http://www.cdc.gov/cancer/nbccedp/>



THE COLORECTAL CANCER CONTROL PROGRAM will pay for colorectal cancer screening and follow-up care for low-income men and women ages 50 to 64 who are underinsured or uninsured for screening when no other payment option is available. This program is not available in every state. Contact your state or local department of health for more information.

Additionally, you may have options for care through a **COUNTY HEALTH CARE PROGRAM**. Not every county offers a health program. Although local governments may call their health programs by different names, health departments typically administer

immunizations and provide community education. Health care programs offer medical services.

For example, Texas operates a network of county Indigent Health Care Programs to help low-income Texas residents who don't qualify for other state or federal

health care programs. They provide medical screening services, vaccines, annual physicals, and more to those that meet guidelines. These programs are normally administered through the county government or health department.

BILLING OFFICE AND/OR FINANCIAL COUNSELORS CAN ALSO ASSIST YOU IN REDUCING YOUR COSTS:

- 1.
- 2.
- 3.

If you need long-term treatment, **contact the closest university or teaching hospital billing office to find out about their charity care program. Financial counselors will help with the financial assistance process.** This assistance will vary depending on the hospital, however, there is normally an application process, and you will need to provide financial information, pay stubs, bank statements, and/or tax records. The facility's guidelines will determine what assistance you can receive based on your income and assets. You could be offered discounted or free care. You should inquire about the process—some facilities allow you to apply and be approved for financial assistance before you receive services. Others will require you to wait until you have a bill to apply. If the facility requires you to have already incurred charges to apply, ask that your account be put on hold while you complete the application process so that your bill will not be sent to a collections agency or include interest charges after a payment deadline.

If you are ineligible for financial assistance or a discount, **the facility may be willing to work with you on a payment plan.** If this is the case, ask for the longest payment plan possible, as the more time you have to pay the bill, the lower your monthly payments will be.

For example, if your bill is

\$720

IN A 1-YEAR PAYMENT PLAN
YOU WOULD PAY **\$60** A MONTH.

IN A 2-YEAR PAYMENT PLAN
YOUR MONTHLY PAYMENT DROPS TO **\$30** A MONTH.

You can also try to negotiate a discount. Call the facility billing office and ask if they have any prompt-pay discounts. Sometimes facilities will reduce your bill if you agree to pay your balance in full before the payment due date. If you have qualified for assistance from another provider or facility, be sure to let others know. Telling providers about discounts you already receive from other doctors or facilities may encourage them to match that discount.



Make sure, whatever you agree to, that the payment plan is interest-free and that you do not agree to pay more than you can afford each month.

