

Sorting Through Medical Bill Headaches

Many of us have been in this situation: you are going through a time with a lot of doctor appointments or procedures. The medical bills seem to show up one after the other, nonstop. Before long, there is a pile of bills and you don't know what they're for and if you actually owe them. Where do you even start?

It can feel overwhelming and scary, but don't let those feelings paralyze you into inaction. Here's how you can break down that pile of bills into manageable bites:

STEP 1: Figure out what's going on

First, you need to organize your information. This helps you understand your bills-- what your health insurance paid and how that compares with the bill you get from the provider. It will also help you understand what steps you can take if you need to resolve an issue.

To do this, gather the bills from your providers AND your explanations of benefits (EOBs). Match each bill with a corresponding EOB using information like the date of service and amount of total charges. If you have more than one bill or EOB for the same service, look at the most recent copy. Here's our informational video on [how to understand your EOBs](#).

Then, write down information from the EOBs and the bills in a chart so that you can see all the important information in one place. You'll want to write down things like:

- Date of Service
- Type of Service
- Date the EOB was issued
- Total Charges
- Whether insurance processed the claim as In Network or Out of Network

- The amount that insurance paid
- The amount that insurance adjusted or discounted (sometimes called the “disallowed amount”)
- The amount of the member/patient responsibility (sometimes called “this is what you may owe”)
- The EOB reason code and its meaning
- The date of the bill from the provider
- The amount of the bill from the provider

It’s helpful to have a space on your chart for your notes and thoughts, too. An example chart is below.

After you gather and organize the information, be on the lookout for these kinds of common issues* and make notes about them in your chart:

- The “member/patient responsibility” amount on the EOB does not match the amount that your provider is billing you – this could mean that the provider is sending you an incorrect bill or that you went to an out of network provider.
- The EOB shows a “member/patient responsibility” amount that is more than just a deductible, co-pay, and/or co-insurance – this could mean that insurance denied the claim.
- The EOB says that the service was provided Out of Network – depending on the service, you might be protected by the federal No Surprises Act from being billed out of network amounts.

*These are not the only issues that you might find, so if something doesn’t seem right, look into it.

From EOB						From Provider Bill	Notes
Date of Service & Type of Service <small>(Note: you might have to find the type of service on the Provider Bill, instead)</small>	Total Charges	In Network or Out of Network?	Date of EOB Amount Insurance Paid & Amount of Insurance Adjustments/Discounts	My Amount <small>(AKA Member/Patient Responsibility)</small>	Reason Code & Meaning	Amount Billed to Me & Date of Bill	
01/01/2020 Chemo treatment	\$500	In network	01/25/2020 Paid \$200 Discounted \$300	\$0.00	F1 Allowable amount is the negotiated amount. Disallowed amount is the discount and is not patient responsibility	\$100	Provider is not billing me the correct amount (I should owe \$0) Plan: call provider billing office and tell them what my EOB says
02/02/2020 Anesthesia during surgery	\$100	Out of network	Paid 03/05/2020 \$50 \$0 Discounted	\$50	ZN Service was rendered by an out of network provider. Out of Network benefits apply	\$50	The surgery was at an in-network hospital, so this should be in-network benefits (No Surprises Act) Plan: call provider billing office and insurance customer service, and tell them that these charges should be in-network because of No Surprises Act
03/03/2020 MRI	\$2,000	In network	03/15/2020 Paid \$0 Discount \$0	\$2,000	R9 Services are not medically necessary. Your plan only pays for services that are medically necessary	\$2,000	Doctor told me I needed this MRI. Plan: send appeal to insurance. Ask doctor to write letter to explain medical necessity

STEP 2: Take appropriate action to address the issue

Once you understand what's going on with your bills and EOBs, you can make an action plan to tackle issues that you identified. Here are some common scenarios and suggested actions to take:

- *The provider sent you an incorrect bill:*
Contact your provider's billing office and explain what your EOB says. If the provider is in network with your insurance, they are generally required to honor what the EOB says that you owe. Ask the provider's billing office to correct the amount owed on your account. They may need to see a copy of the EOB.
- *The provider sent you a bill for your deceased spouse:*
You are not responsible to pay this bill, under the Minnesota Debt Fairness Act. Contact the provider's billing office, let them know that your spouse has passed away and tell them to stop sending you bills.
- *Your insurance denied the claim:*
You may want to appeal the denial – many insurance denials are overturned on appeal. Contact your insurance company and ask for the exact reason why the claim was denied. Different denial reasons require different approaches to appeal, so this information will help you know how you need to appeal the denial. For guidance about how to appeal, you can watch our appeal informational videos [here](#) and [here](#).
- *You think that the bill might violate the No Surprises Act:*
Here is an [informational video about protections under the No Surprises Act](#). If you think a bill violates this law, contact your provider's billing office and health insurance customer service and tell them why you think the law was violated. If that doesn't resolve the issue, call the [No Surprises Help Desk](#) at 1-800-985-3059 for help.
- *Financial Assistance:*
If you find that you rightfully owe the bill but struggle to afford it, consider applying for financial assistance. Depending on income, assets, and the amount of debt, many people qualify for discounts between 50% and 100% of the bill. An organization that can help you check eligibility and apply is [DollarFor.org](#)

If you want more information or help sorting through your medical bills, you can contact Cancer Legal Care at 651-917-9000 or help@cancerlegalcare.org.