Directions for Presenters

This slide is for people who want to present this health lesson to a group.
If you are using these slides for your own health education, please disregard this slide.

Review all the slides and presenter notes before your presentation. If you can, print out the presenter notes to have them handy in case you need them.

Introduction: (30 seconds)

- Greet the audience.
- Introduce yourself and your topic.
- Let people know they can take pictures of any of the slides they find helpful.

At the end of your presentation:

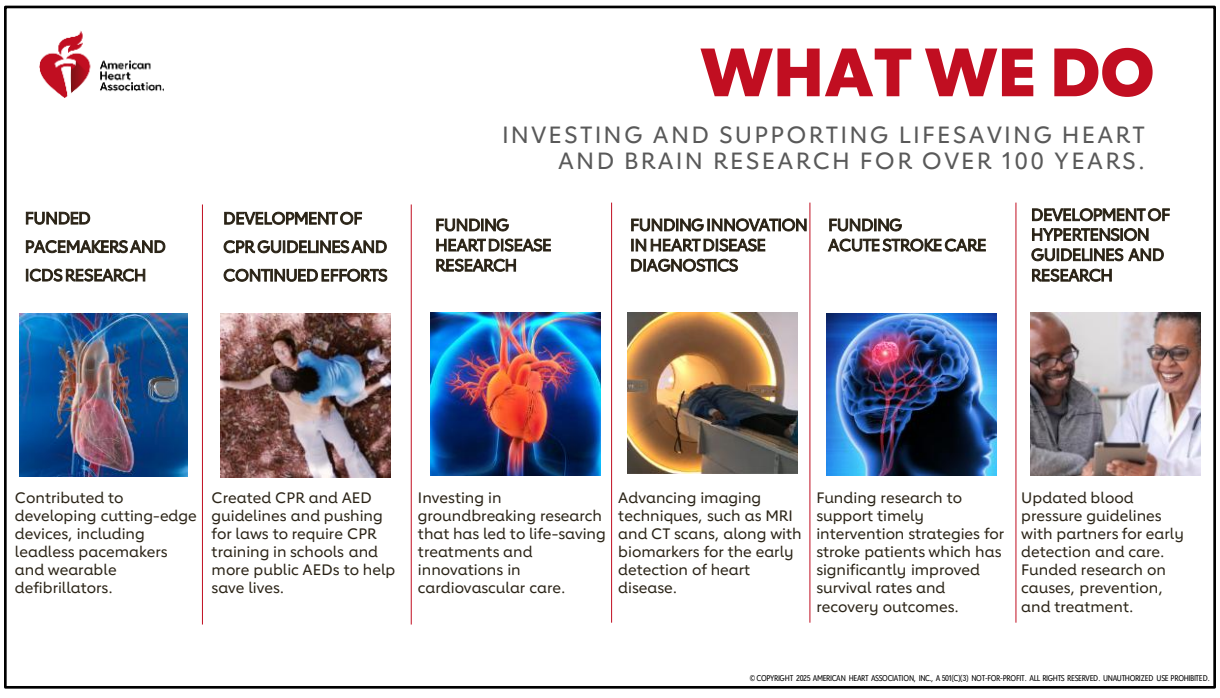
- Thank your audience for their time and open the discussion to questions.
- If there are questions you can not answer, please refer them to our heart.org website and social media handles for more information.

This slide if for people who would like to present this health lesson to a group. If you are using these slides for your own health education, please disregard this slide.

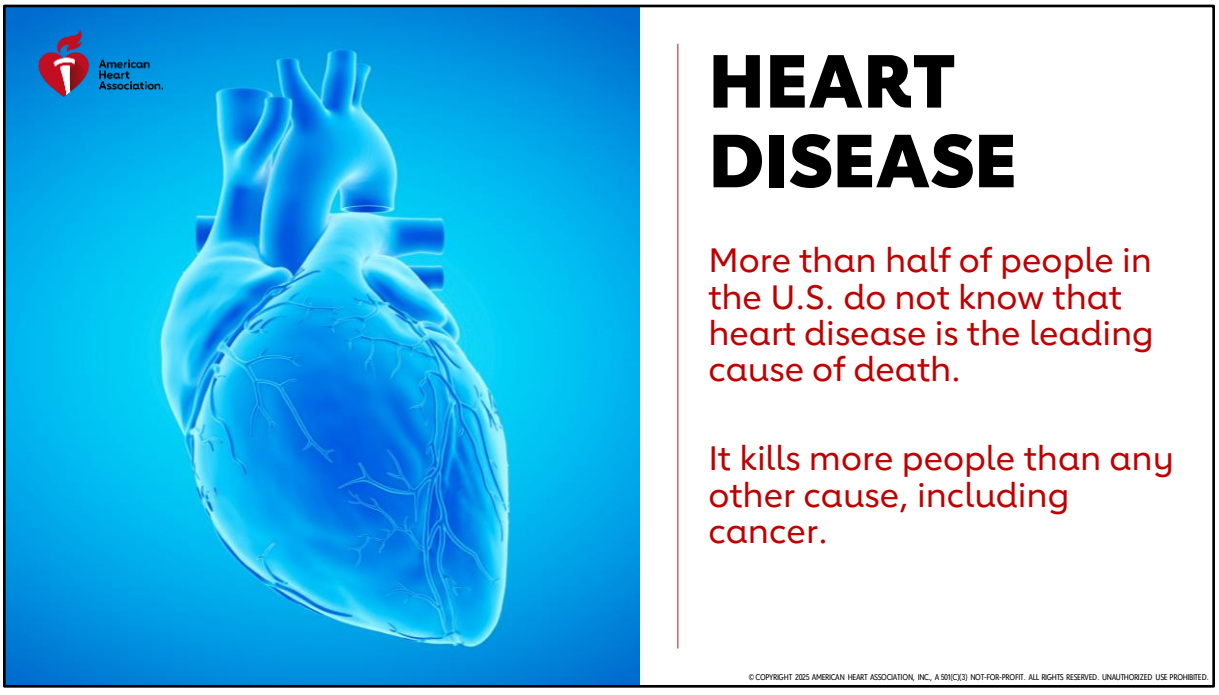
Review the information on the slide.

Reference resources/web/videos as available.

Welcome everyone and introduce the topic. Explain that medical bills can be confusing and sometimes contain mistakes. Today's lesson will help participants understand how to review their bills, ask the right questions, and potentially save money before making a payment.

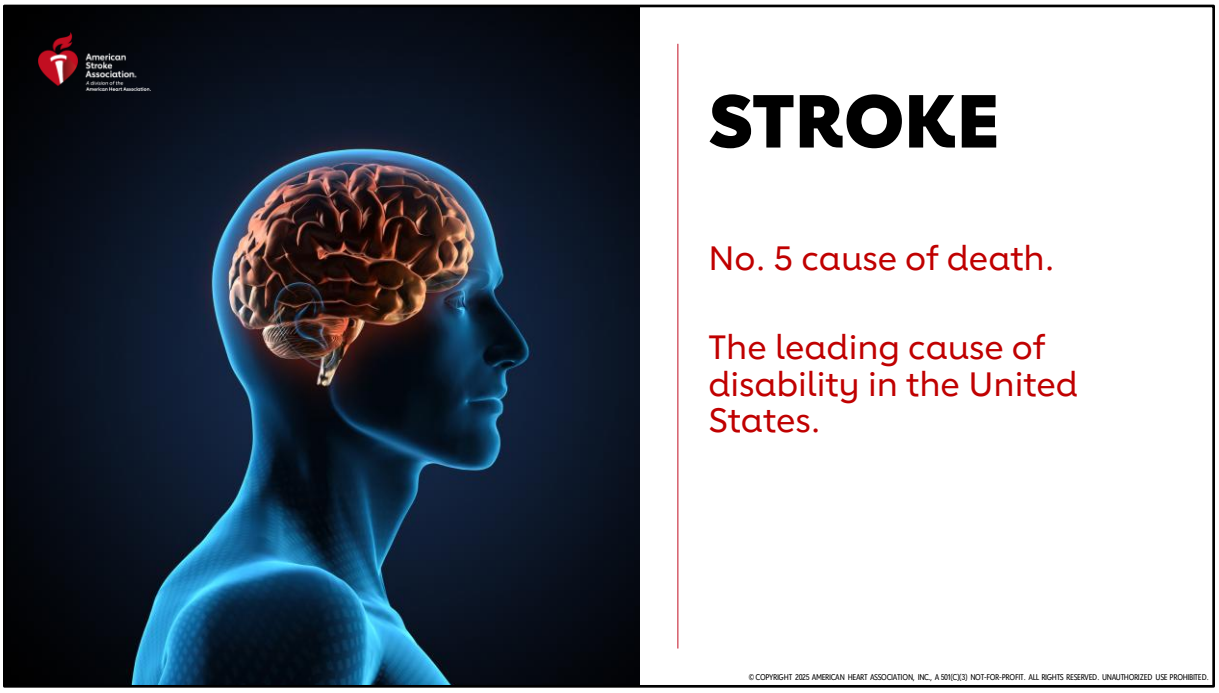


This presentation is from the American Heart Association. The Heart Association has been investing and supporting lifesaving heart and brain research for over 100 years. Whether contributing to the development of the pacemaker, advancing imaging techniques such as MRI and CT scans, or creating CPR and AED guidelines, its mission is to be a relentless force for a world of longer, healthier lives.



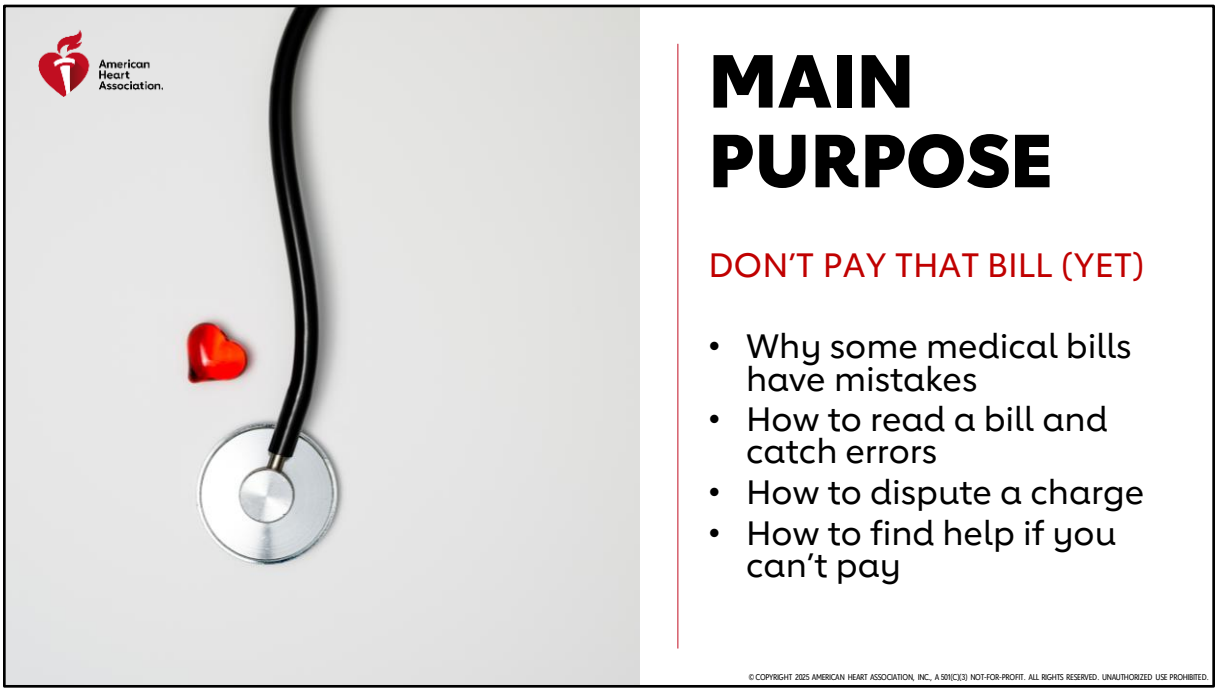
Heart disease is the leading cause of death in the United States.

Many patients with heart disease also face financial stress, including difficulty paying medical bills.



Stroke is a leading cause of death and long-term disability in the U.S.

The cost of care for stroke and other serious conditions can create long-term financial impact for patients and families.



Today we will focus on four key skills: understanding why billing errors happen, reviewing bills for accuracy, disputing charges when necessary, and finding financial assistance when medical costs become overwhelming.

43% of adults say they've received a medical bill they thought had an error, and many were right.

10% of all billing codes are filed incorrectly according to medical data.

Hospitals, clinics, and billing offices fix and adjust bills every day.

Medical bills, as with any other bill, can have errors. It is OK to ask questions about your bill.

What Most Patients Don't Know

Don't Pay That Bill (Yet)

Many consumers assume medical bills are always accurate, but billing errors are common. Remind participants that it is normal and appropriate to review charges carefully and ask questions if something does not look right.

In the financial health literacy lesson **What Do I Actually Have to Pay for Healthcare — Decoded** we discuss how having your explanation of benefits (EOB) alongside your medical bill can keep you from overpaying for care.

See "What I Actually Have to Pay for Healthcare — Decoded" for a full breakdown of EOBs.

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Understanding Your EOB

Don't Pay That Bill (Yet)

An Explanation of Benefits, or EOB, is not a bill. It is a document from the insurance company that explains what was billed, what insurance paid, and what amount may be the patient's responsibility. Understanding the EOB is the first step in reviewing a medical bill.

Your EOB Is A Powerful Resource

Don't Pay That Bill (Yet)

- Your EOB should arrive before your bill. If not, wait for it.
- Your EOB shows what your insurer paid and what you actually owe.
- Paying too early can mean you pay more than you should.

The medical bill might say "Amount Due." Your EOB will show "Patient Responsibility." Those numbers are often very different. Make sure the bill you pay is the final bill.

Encourage participants to wait for their EOB before paying a medical bill whenever possible. The amount listed on the provider's bill may be very different from the amount the insurance company determines the patient actually owes.

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Ask For An Itemized Bill

Don't Pay That Bill (Yet)

An itemized bill is a detailed list of every charge — services , tests, medications and supplies.

Every patient has the right to ask for an itemized bill. Hospitals will usually provide one.

Why you need it: You can't spot errors if you can't see the details.

How to ask: Call billing and say, *"Can I please get an itemized bill for my visit on [date]?"*

An itemized bill provides a detailed list of every service, test, medication, and supply charged during a visit. Without this level of detail, it is difficult to identify errors or understand exactly what is being billed.

PUT THE TWO DOCUMENTS SIDE BY SIDE

DETAILS TO LOOK FOR

- Do the dates match?
- Do the services match what happened at your visit?
- Is there anything you don't recognize?
- Was your correct insurance info used? (Check your member ID and group number.

Red flag: If a charge is on your bill but NOT on your EOB, that's a problem. It may mean your insurance hasn't been billed, or the claim was denied.

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Compare. Compare. Compare.

Don't Pay That Bill (Yet)

This is one of the most important steps in the process. Encourage participants to review their itemized bill and EOB side by side, checking dates, services received, insurance information, and any charges that seem unfamiliar.

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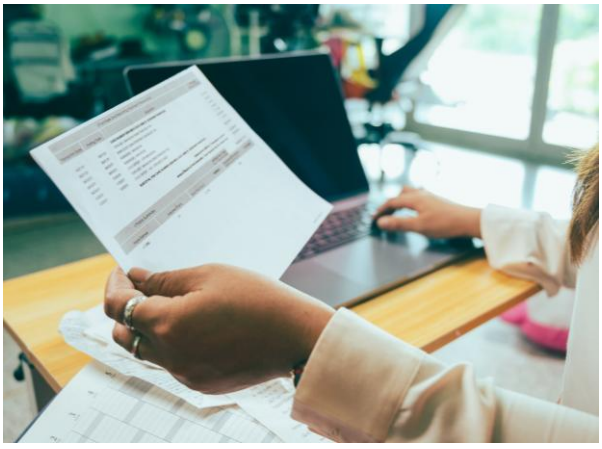
Look For These Errors

Don't Pay That Bill (Yet)



These types of errors happen often and can be challenged.

- **Duplicate charges:** Same item billed twice
- **Upcoding:** A more expensive service listed than what you got
- **Unbundling:** Services that should be one charge are split into many to cost more
- **Wrong patient info:** Your name, date of birth or insurance ID is wrong
- **Medications you didn't get:** Drugs billed but never given
- **Operating room fees:** Sometimes charged incorrectly for simple in-office procedures

Any of these errors can mean that you owe less money. Check **EVERY** line.

Review a few examples of common billing mistakes, such as duplicate charges or services the patient did not receive. Emphasize that even small errors can increase out-of-pocket costs and are worth addressing.

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No More Unwanted Surprises

Don't Pay That Bill (Yet)

This one could save you hundreds or thousands of dollars.

- Out-of-network providers can charge much more.
- Sometimes a hospital is in-network but a doctor there is not. (This might be an anesthesiologist, radiologist or ER doctor.)
- This is called a **surprise bill**. Federal law protects you from many of these surprises.

POP QUIZ: What is the name of the federal law that protects you from many of these surprises.

Ask if anyone has heard the term "surprise medical bill." Explain that these situations can occur when a patient unknowingly receives care from an out-of-network provider, even while visiting an in-network facility.

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No More Unwanted Surprises

Don't Pay That Bill (Yet)

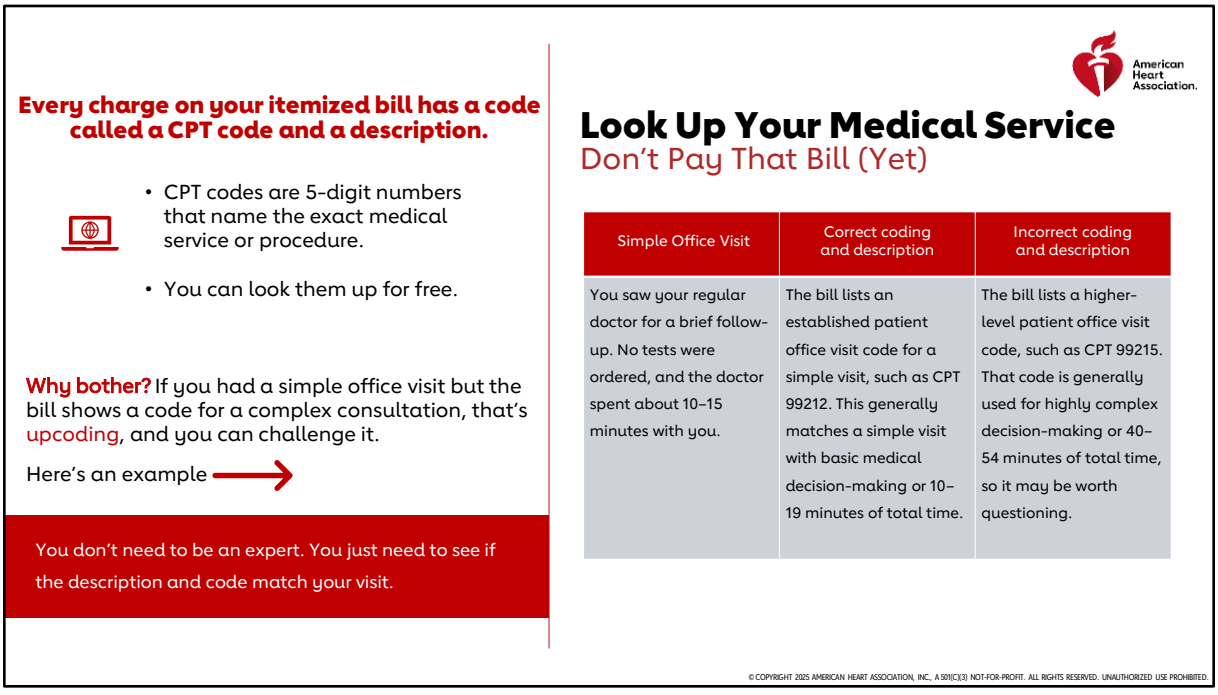
The No Surprises Act (effective Jan. 1, 2022)

- Limits what out-of-network providers can charge you in emergencies
- Protects you from extra charges for many services at in-network facilities
- Applies to air ambulances too

What to do: Call your insurer and ask if every provider on your bill was in-network.

See "What I Actually Have to Pay for Healthcare — Decoded" for more on the ***No Surprises Act***

The No Surprises Act created important protections for patients facing unexpected out-of-network charges in many situations. Encourage participants to contact their insurer if they are unsure whether providers on their bill were in network.



Every medical service is connected to a billing code known as a CPT code. Participants do not need to become coding experts, but they should verify that the description of the service matches the care they actually received.

Where to look

- CMS Physician Fee Schedule Search: Look up how much Medicare pays for any code
- CMS Healthcare Common Procedure Coding System (HCPCS): Search for supplies and services

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Check Why A Claim Was Denied

Don't Pay That Bill (Yet)

A denied claim doesn't always mean you have to pay the full bill.

Common reasons claims get denied:

- Missing prior approval (prior authorization)
- Wrong billing code
- Out-of-network provider
- Claim filed twice by accident
- Late Filing
  - If a provider accidentally files a claim late, the insurer may deny it. Then the provider may try to bill you. You are usually not responsible for payment if your provider files late. The deadline for claims varies based on your insurance.

Many denials can be billing mistakes. You have the right to appeal. Your EOB will tell you how. You can also call your insurer and ask them to walk you through it.

A denied insurance claim does not always mean the patient owes the entire bill. Sometimes denials happen because of paperwork, coding errors, or other administrative issues that can be corrected or appealed.

You've got this. Here's how to prep.

Before Your Call, Get Ready

Don't Pay That Bill (Yet)

Gather these things:

- Your itemized bill
- Your EOB
- Your insurance card
- A pen and paper (or your notes app)

Make sure you reviewed your EOB and know your questions before you call.

Preparation can make these conversations much easier. Encourage participants to gather their EOB, itemized bill, insurance card, and a way to take notes before contacting the billing office or insurance company.

Before Your Call, Get Ready

Don't Pay That Bill (Yet)

Write down the charges you want to ask about. Know the date of service and the charge amount.

Mindset check: Billing staff members handle these calls every day. You are not being difficult. You are asking a normal question.

If you don't like or understand the answer, ask to speak to a patient advocate or a supervisor. It's allowed.

Before making the call, identify the specific charges that need clarification. Remind participants that calling about a bill is a normal part of the healthcare process and that they have every right to ask for explanations.

Here are some scripts that can be helpful during your call.

- *To open the call:* "Hi, I'm calling about a bill for a visit on [date]. I'd like to go over some of the charges."
- *To question a charge:* "I see a charge for $[amount] for [item]. Can you help me understand what that's for?"
- *If you think it's wrong:* "I don't think I received this service. Can you check if this charge is correct?"
- *If you want to escalate:* "Can I speak with a patient advocate or billing supervisor?"

Always write down: the date, the time, and the name of whom you spoke with.

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What To Say During The Call

Don't Pay That Bill (Yet)

Many people feel nervous calling about medical bills. These sample scripts can help start the conversation and provide confidence when asking questions or requesting a review of a charge. Encourage participants to document every interaction.

Here's the process:

1. You call and flag the charge.
2. Billing reviews it. This can take a few days to a few weeks.
3. If they find an error, they fix it and send a new bill.
4. If they say the charge stands, you can go to your insurer or file a formal appeal.

Ask for everything in writing. If a charge is removed or reduced, ask for a corrected itemized bill.

You don't have to pay a charge while it's being disputed. Put it in writing if needed.

Tip: Send the letter through the provider's secure portal, by email or by mail. Keep a copy of the letter and note the date you sent it. Download a sample dispute letter.

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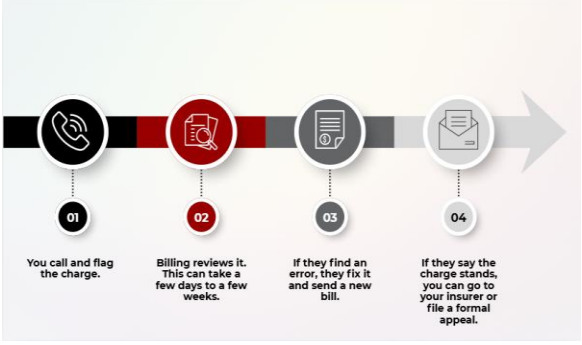
Now What?
Don't Pay That Bill (Yet)



Once a charge is disputed, the provider may need time to investigate. Encourage participants to keep records, request updates in writing, and ask for a corrected bill if changes are made. Documentation is important throughout the process.

Charity care: It's real, and most hospitals have to offer it.

If you are worried about the cost of care, ask about financial assistance as early as possible — ideally before your visit, but you can also ask after you receive care or after you get a bill.

Before paying anything, ask whether you qualify for financial assistance, charity care, discounts or a payment plan.

Don't let cost, keep you from the care you need

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No Errors? There's Still Help

Don't Pay That Bill (Yet)

Even when a bill is accurate, there may be options to make it more affordable. Financial assistance programs, discounts, and payment plans can help reduce the burden of medical costs.

Charity care: It's real and most hospitals have to offer it.

Nonprofit hospitals must have a financial assistance program for patients who can't afford their bills.

1. You don't have to be in a crisis to qualify. It's based on income.
2. The program must be widely publicized and easy to apply for.
3. The hospital must limit what it charges patients who qualify .

Other options:

1. **Federally Qualified Health Centers (FQHCs):** Offer sliding scale fees based on income
2. **Dollar For** (dollarfor.org): A nonprofit that helps you apply for hospital financial assistance
3. **Undue Medical Debt** (unduemedicaldebt.org) — nonprofit that buys and forgives medical debt

Action step: Before your treatment or before you pay anything, ask: *"Do you have a financial assistance application I can fill out?"*

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No Errors? There's Still Help

Don't Pay That Bill (Yet)

Many nonprofit hospitals are required to offer financial assistance programs. This slide is a good opportunity to remind participants that asking for help is common and that eligibility is often based on income, not financial crisis.

Before you pay any medical bill, run through this list:

1. Your EOB usually comes first. If you haven't received it yet, wait for it.
2. Request an itemized bill.
3. Compare the bill to your EOB, line by line.
4. Look for errors: duplicates, upcoding, services you didn't get.
5. Check that every provider was in-network.
6. Look up CPT codes if something seems wrong.
7. Call billing to question anything you don't understand.
8. Ask about charity care, discounts or payment plans.
9. Document every call and keep copies of everything.

Remember: Errors are common. Questioning your bill is normal. You have options.

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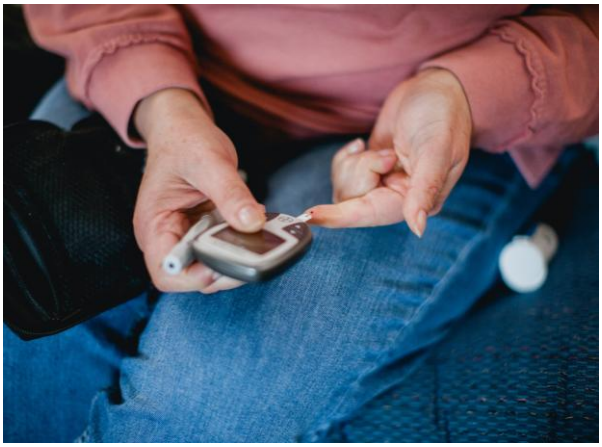
Your Bill Review Checklist

Don't Pay That Bill (Yet)



This checklist summarizes the steps covered throughout the presentation. Encourage participants to save the list, take a photo, or use it as a reference the next time they receive a medical bill.

Wait before you pay. Compare your FINAL bill with your EOB before deciding if you should pay.

Errors are common, and you can catch them. Duplicate charges, upcoding, out-of-network providers, and services you didn't receive can happen. Comparing your itemized bill to your EOB line by line is how you find them.

Calling to question a charge is normal, expected, and often works. Billing staff handle these calls every day. You are not being difficult you are being a smart consumer. Use the scripts, document every call, and ask to escalate if needed.

You have more options than just paying. Even a "correct" bill can be negotiated. Charity care, payment plans, self-pay discounts, and financial assistance programs exist at most hospitals.

You have the power to start making small changes today!

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REMEMBER

KEY TAKEAWAYS

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Reinforce the key message of the lesson: do not rush to pay a medical bill before reviewing it carefully. Participants should feel empowered to ask questions, challenge errors, and explore available financial assistance when needed.

Close by highlighting the available resources and encouraging participants to continue learning. Thank everyone for attending, invite questions, and remind them that informed consumers are often able to avoid unnecessary healthcare costs.