

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](https://www.heart.org) website and social media handles for more information.

Don't Pay That Bill (Yet)

Financial Health Literacy



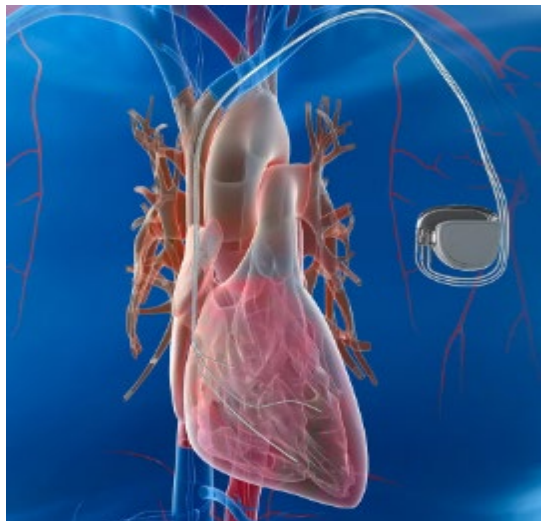
HEALTH LESSONS
HEART.ORG | 2026

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WHAT WE DO

INVESTING AND SUPPORTING LIFESAVING HEART
AND BRAIN RESEARCH FOR OVER 100 YEARS.

FUNDED
PACEMAKERS AND
ICDS RESEARCH



Contributed to developing cutting-edge devices, including leadless pacemakers and wearable defibrillators.

DEVELOPMENT OF
CPR GUIDELINES AND
CONTINUED EFFORTS



Created CPR and AED guidelines and pushing for laws to require CPR training in schools and more public AEDs to help save lives.

FUNDING
HEART DISEASE
RESEARCH



Investing in groundbreaking research that has led to life-saving treatments and innovations in cardiovascular care.

FUNDING INNOVATION
IN HEART DISEASE
DIAGNOSTICS



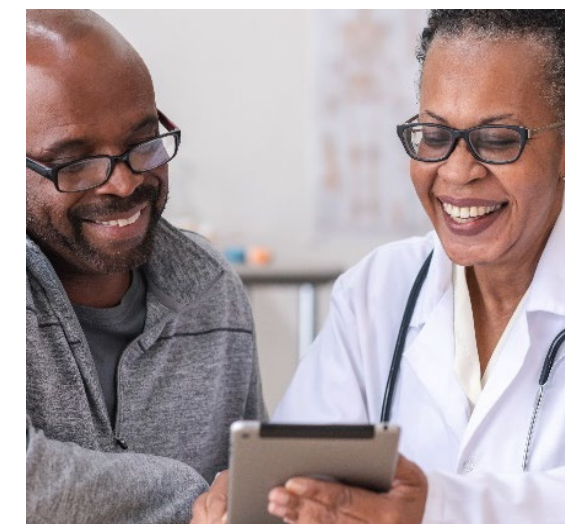
Advancing imaging techniques, such as MRI and CT scans, along with biomarkers for the early detection of heart disease.

FUNDING
ACUTE STROKE CARE

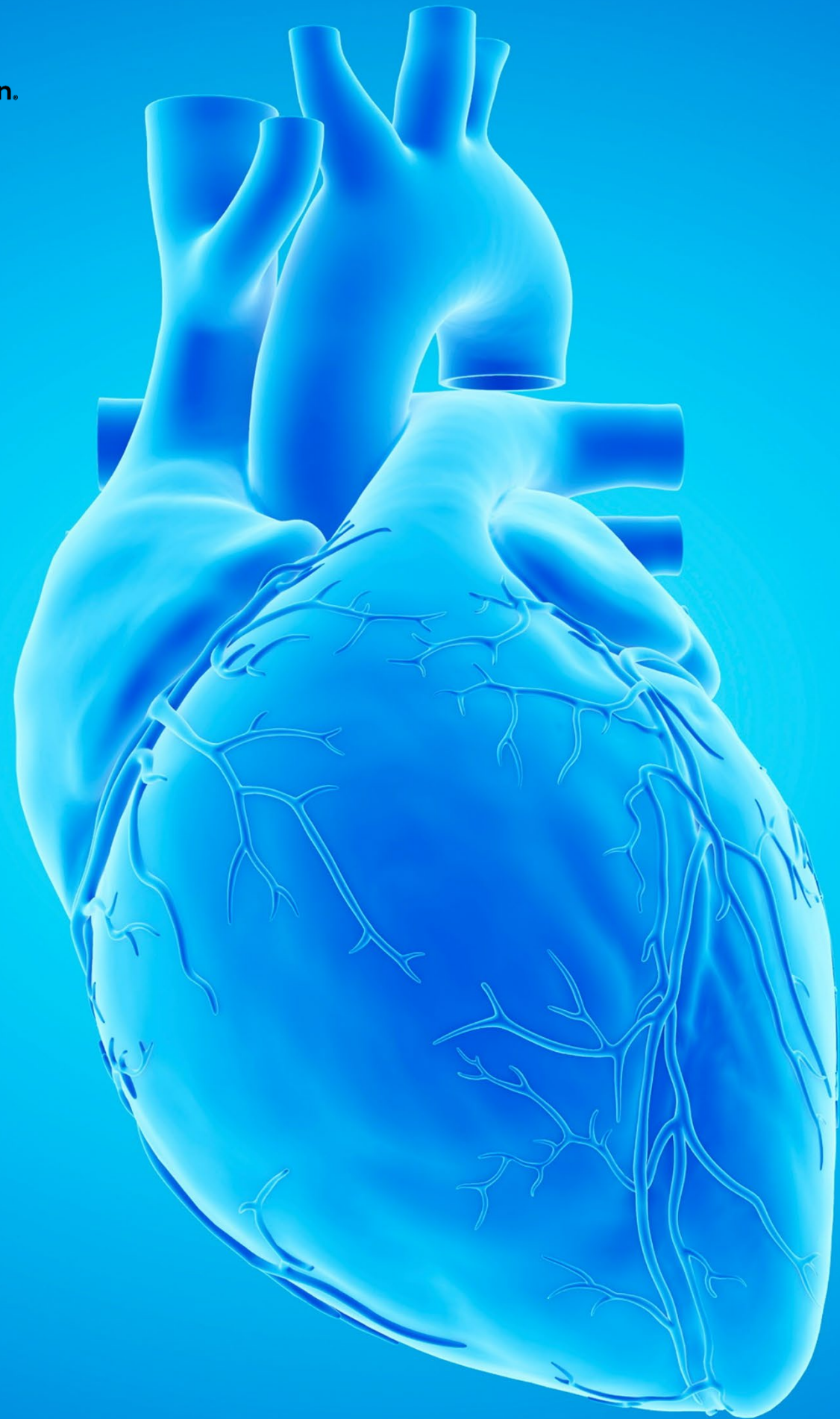


Funding research to support timely intervention strategies for stroke patients which has significantly improved survival rates and recovery outcomes.

DEVELOPMENT OF
HYPERTENSION
GUIDELINES AND
RESEARCH



Updated blood pressure guidelines with partners for early detection and care. Funded research on causes, prevention, and treatment.



HEART DISEASE

More than half of people in the U.S. do not know that heart disease is the leading cause of death.

It kills more people than any other cause, including cancer.



STROKE

No. 5 cause of death.

The leading cause of
disability in the United
States.



MAIN PURPOSE

DON'T PAY THAT BILL (YET)

- Why some medical bills have mistakes
- How to read a bill and catch errors
- How to dispute a charge
- How to find help if you can't pay

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)



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.

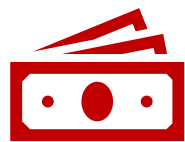
Understanding Your EOB

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.

Your EOB Is A Powerful Resource

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]?"*

Ask For An Itemized Bill

Don't Pay That Bill (Yet)



PUT THE TWO DOCUMENTS SIDE BY SIDE

DETAILS TO LOOK FOR



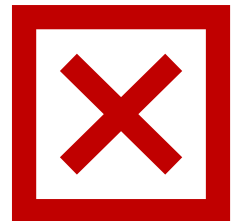
- Do the dates match?
- Do the services match what happened at your visit?
- Is there anything you don't recognize?
- Was your correct insurance info used? (Check your member ID and group number.)

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.

Compare. Compare. Compare. 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.

Look For These Errors 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.

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

No More Unwanted Surprises Don't Pay That Bill (Yet)



Every charge on your itemized bill has a code called a CPT code and a description.



- CPT codes are 5-digit numbers that name the exact medical service or procedure.
- You can look them up for free.

Why bother? If you had a simple office visit but the bill shows a code for a complex consultation, that's **upcoding**, and you can challenge it.

Here's an example 

You don't need to be an expert. You just need to see if the description and code match your visit.

Look Up Your Medical Service
Don't Pay That Bill (Yet)

Simple Office Visit	Correct coding and description	Incorrect coding and description
You saw your regular doctor for a brief follow-up. No tests were ordered, and the doctor spent about 10–15 minutes with you.	The bill lists an established patient office visit code for a simple visit, such as CPT 99212. This generally matches a simple visit with basic medical decision-making or 10–19 minutes of total time.	The bill lists a higher-level patient office visit code, such as CPT 99215. That code is generally used for highly complex decision-making or 40–54 minutes of total time, so it may be worth questioning.

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.

Check Why A Claim Was Denied Don't Pay That Bill (Yet)



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

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.

Before Your Call, Get Ready

Don't Pay That Bill (Yet)



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.



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.

What To Say During The Call

Don’t Pay That Bill (Yet)



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.

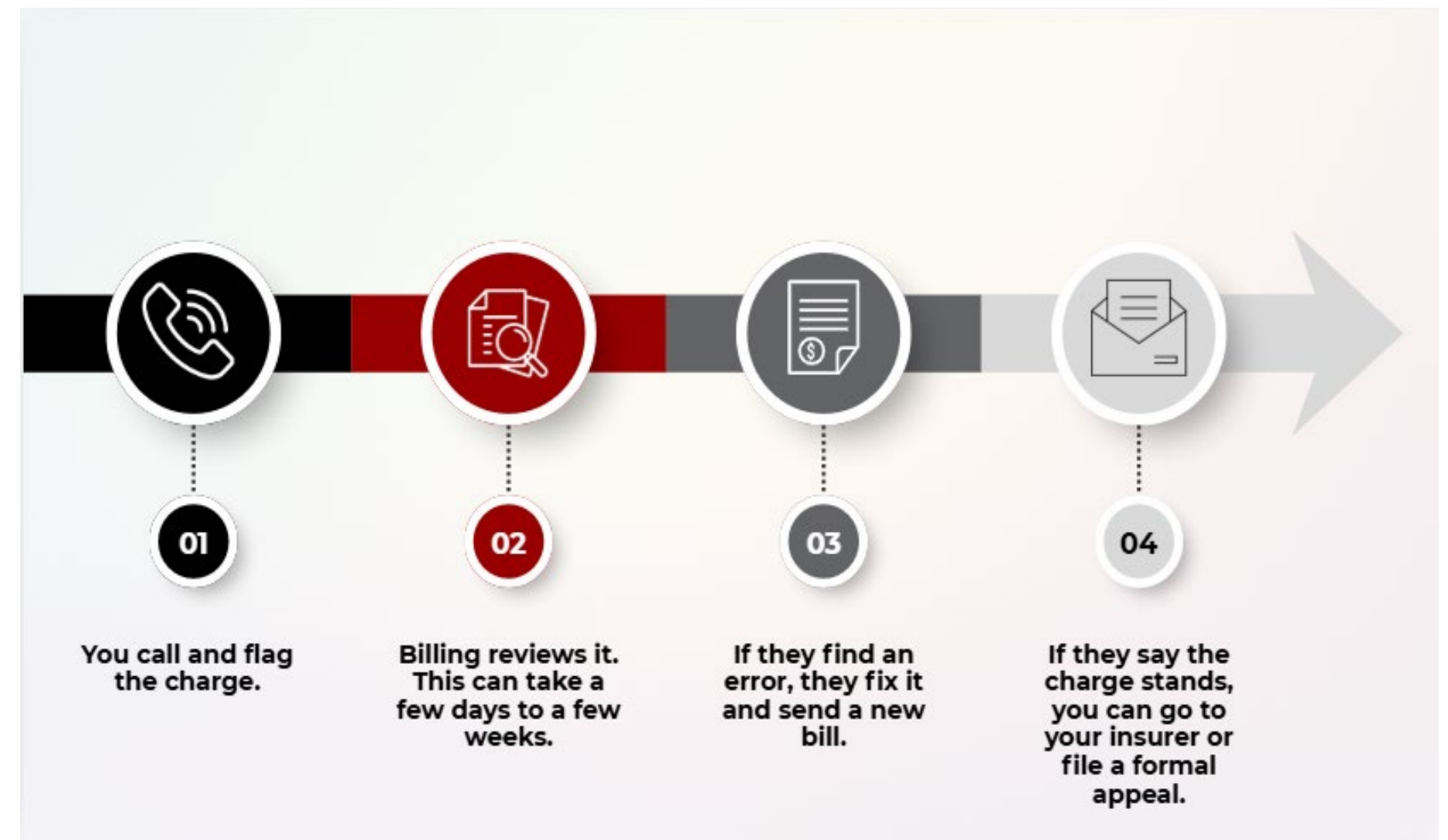
You don't have to pay a charge while it's being disputed. Put it in writing if needed.



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.](#)

Now What?

Don't Pay That Bill (Yet)



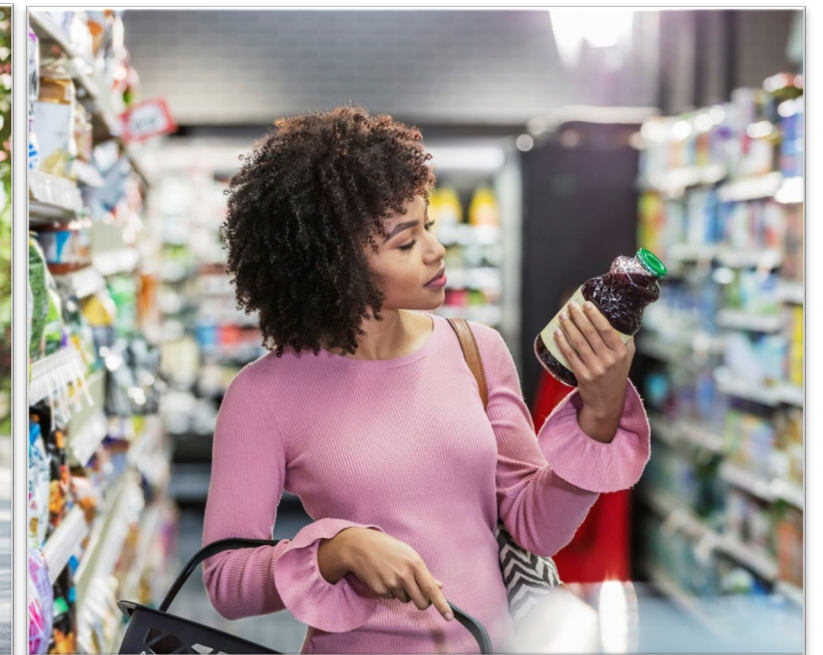
Charity care: It's real, and most hospitals have to offer it.

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

No Errors? There's Still Help Don't Pay That Bill (Yet)



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.

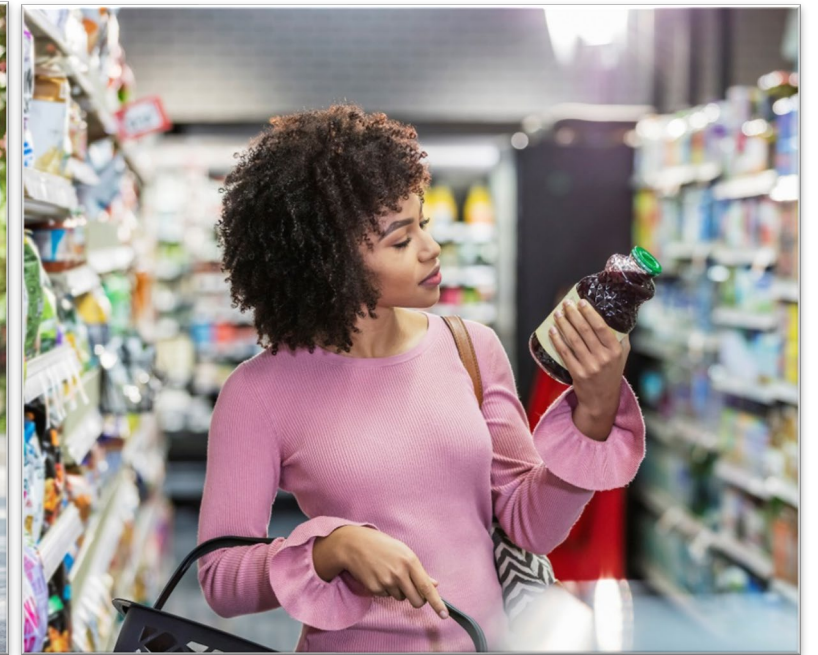
1. You don't have to be in a crisis to qualify. It's based on income.
2. The program must be widely publicized and easy to apply for.
3. The hospital must limit what it charges patients who qualify .

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?"*

No Errors? There's Still Help Don't Pay That Bill (Yet)



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.

Your Bill Review Checklist

Don't Pay That Bill (Yet)





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!

REMEMBER KEY TAKEAWAYS

HEART.ORG



MORE RESOURCES

TAKE A PICTURE!



Find Help

A free resource to help you find financial, legal, transportation and other aid.



The American Heart Association YouTube

Watch training videos, take courses and keep learning about how you stay healthy!



The American Stroke Association

Learn more about brain health, stroke prevention, and treatment.