

What You Really Pay For



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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.

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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



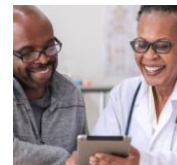
Advancing imaging techniques, such as MRI and CT scans, along with biomarkers for the early detection of heart disease.

FUNDING ACUTE STROKE CARE



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

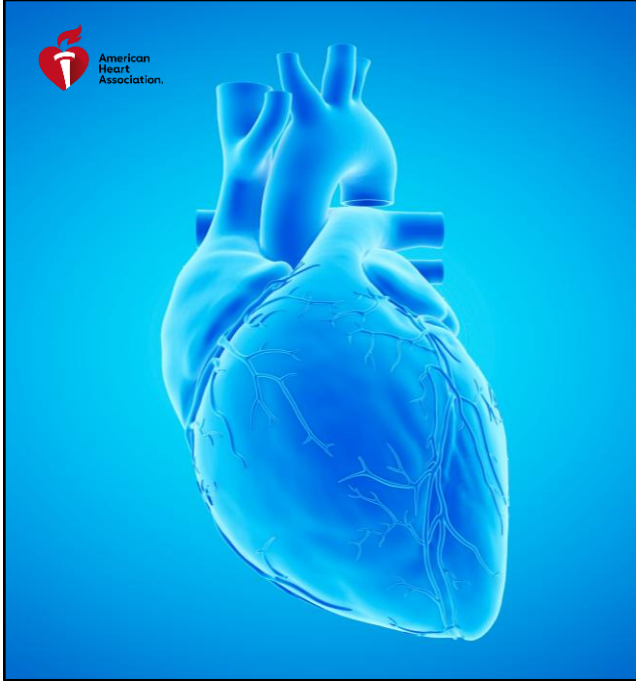
DEVELOPMENT OF HYPERTENSION GUIDELINES AND RESEARCH



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

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Briefly introduce the American Heart Association and its impact. Emphasize the organization's work in research, CPR and AED education, stroke care, hypertension guidelines, and innovations that improve heart and brain health.



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.

Many patients with cardiovascular disease struggle to pay their medical bills.

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Heart disease remains the leading cause of death in the United States. Beyond health effects, many families experience financial stress from medical costs, making it important to understand healthcare expenses.



American
Stroke
Association
A Division of the
American Heart Association



Stroke

No. 4 cause of death.

One of the leading causes of disability in the United States.

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Stroke is a leading cause of death and disability. Recovery may involve significant medical care, highlighting why understanding insurance and billing is important.



Main Purpose

What You Really Pay for Healthcare—Decoded

- Why are patients surprised by medical bills?
- How it impacts you
- Medical billing terms
- How to take control
- Next Steps

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Review today's agenda. Explain that participants will learn why bills are surprising, key healthcare terms, ways to take control of costs, and practical next steps.



Patients think the Explanation of Benefits (EOB) is a bill and it's not—it's like a report card.



Sometimes the eligibility and benefits have not been verified prior to the appointment.



Statements can be unclear or sent too late, making it harder for patients to know what to pay.

Patients can face unexpected costs due to gaps in transparency and timing across the billing process.

Why Medical Bills Can Be Surprising

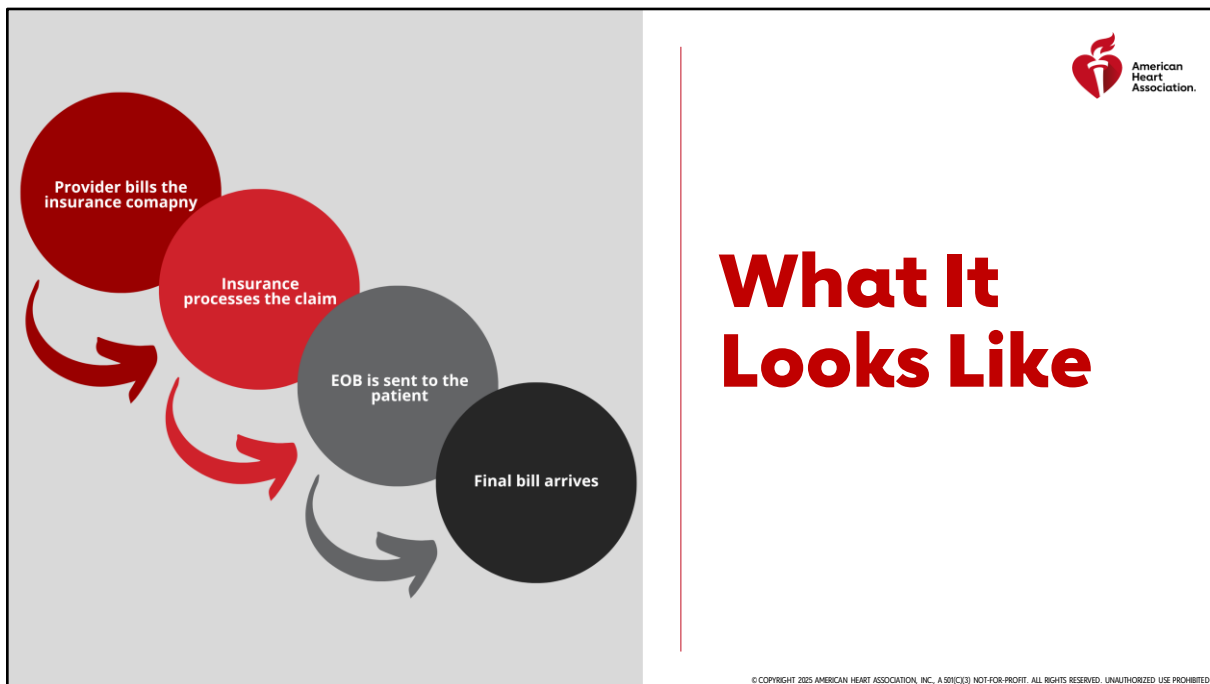


What You Really Pay for Healthcare—Decoded



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Explain that many patients confuse an Explanation of Benefits, or EOB, with a bill. Discuss how delays, unclear statements, and insurance verification issues can create confusion.



Walk through the billing process. The provider submits a claim, insurance processes it, the EOB is sent, and finally the bill arrives. Stress that the EOB comes before the final bill.



You Are Not Alone

What You Really Pay for Healthcare—Decoded

If healthcare cost have ever confused or stressed you out, that's **normal.**

The system can be complex and difficult to navigate. Learning how it works puts you back in control.



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Reassure participants that healthcare costs are confusing for many patients. Learning a few key concepts can help reduce stress and increase confidence.



Think about the last medical bill you received. How did you feel when you looked at the amount due?

What did you feel at that moment?



Think About It

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Pause and encourage audience participation.

Ask participants to think about their last medical bill and reflect on how they felt when they saw the amount due.

These Terms Affect What You Pay Before Care Even Starts

Deductible—The amount you pay out of pocket before insurance starts helping. Think of it as a starting line you must cross first.

- *Example: Your deductible is \$1,000. You've paid \$200 so far this year. That means you still need to pay \$800 more before insurance starts covering some of your costs.*

Copay—A flat fee you pay at the visit. It's similar to the admissions fee at an amusement park.

- *Example: \$30 every time you see your primary care doctor.*

Words To Know— Before Your Visit



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Define deductible and copay using the examples shown. Make sure participants understand that a deductible is paid before insurance starts sharing costs, while a copay is a fixed amount paid at visits.

These Terms Affect What You Pay Before Care Even Starts

In-Network Provider—A healthcare professional or hospital that has an agreement with your insurance. Using them almost always costs less than an out-of-network provider. Usually, an out-of-network is not covered under your insurance's agreement

- *Example: You need an X-ray. Hospital A is in-network, and your cost is \$80. Hospital B is out-of-network, and your cost is \$400. It's the same X-ray, but the bill is very different.*

Words To Know— Before Your Visit



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Explain the value of staying in-network. Using providers who have agreements with your insurer usually lowers personal costs significantly.

These Terms Show Up On Your Bill And EOB

Explanation of Benefits (EOB)— A letter from your insurance company. It is **NOT a bill**. It shows what the insurance company paid and what you owe

- *Example: Two weeks after your visit, a letter arrives from your insurance company. It shows your doctor charged \$250, insurance paid \$180, and you may owe \$70. That letter is your EOB. It's a breakdown, not a bill.*

Coinsurance—Your share of the cost after your deductible is met.

- *Example: Insurance pays 80%, you pay 20%*

Words To Know—After Your Visit



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Explain that an EOB is not a bill. Review coinsurance and how patients may be responsible for a percentage of costs after meeting their deductible.

These Terms Show Up On Your Bill And EOB

Non-Covered Services— things your insurance won't pay for. You owe the full amount.

- *Example: Cosmetic procedures (Botox injections, facelifts).*

No Surprises Act— A federal law that protects you from unexpected out-of-network bills in emergency situations.

- *Example: You're rushed to the ER. The hospital is in-network but the doctor who treats you is not. Before this law, you could get a huge surprise bill. Now, you're protected. You only pay your normal in-network cost.*

Words To Know— After Your Visit



What You Really Pay for Healthcare—Decoded



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Review non-covered services and the No Surprises Act. Emphasize that patients have protections against many unexpected out-of-network emergency charges.

Medical Bills Can Be Complex, But Here's Where You Have Leverage

Use In-network Providers

Research Service Costs Online

Ask For Cost Estimates

Ask About Healthcare Options

- *EXAMPLE: If you need a prescription that costs \$100 for a specific brand, ask about a less expensive version of the same medicine.*

Using the resources above can help reduce costs associated with medical bills.

What You Can Control

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Focus on actions patients can control, including choosing in-network providers, researching costs, requesting estimates, and discussing lower-cost treatment options.

Helpful AI (Artificial Intelligence) Prompts



"I was charged [amount] for [service]. What's the average cost for this, and what questions should I ask my provider?"



"I'm going to paste my medical bill. Break down each line item in plain language and flag anything that looks unusual or potentially wrong."



"Compare this bill to my EOB and tell me if the amount I'm being asked to pay matches what insurance says I owe."

When using any AI program, always be sure to remove any personal information before uploading it.

What You Can Control

What You Really Pay for Healthcare—Decoded



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Demonstrate how AI tools can help interpret bills and EOBs. Remind participants never to share personal or protected health information when using AI tools.

Avoid Surprise Medical Costs

Before Your Appointment

- Check if your provider is in-network
- Confirm the service is covered by insurance
- Get an estimate

At your appointment

- Explore all healthcare options with your provider (labs, tests, etc.)

After your appointment (when you receive the EOB)

- Wait for your final bill to arrive.
- Compare your EOB to your bill.
- Look for differences or errors

Example: Your bill says \$300. Your EOB says you owe \$40. That \$260 difference is the insurance discount. You don't owe it.

Being prepared can eliminate the stress you feel when paying your medical bills.

Step-By-Step: What To Do



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Walk through the before, during, and after appointment checklist. Emphasize comparing the final bill with the EOB to spot errors or misunderstandings.

Before Care



Budget tools (apps or sheets)

Feel more prepared when you see how much of your personal budget you can apply to medical care

- Apps: Wallet-Hub, Rocket Money, Every Dollar



Insurance app

If you already have health insurance, use the app to find in-network providers, explore your coverage, and see costs upfront.

Get prepared. Start by creating a plan.



Tools and Resources

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Introduce budgeting tools and insurance apps. These resources can help individuals plan ahead and understand healthcare expenses before receiving care. If you know a few off the top of your head include them here.

Before Care

Apply for Health Insurance

Depending on the program, you may also be eligible for help with vision and dental care. Your income, age, employment status, and qualifying health issues will determine your eligibility.

These programs include:

- Medicaid
- Children's Health Insurance Program (CHIP)
- Medicare
- The Affordable Care Act (ACA) / Health Insurance Marketplace
- Consolidated Omnibus Budget Reconciliation Act (COBRA)

If you don't have health insurance, government programs can help pay for medical care.



Tools and Resources

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Review available insurance programs such as Medicaid, CHIP, Medicare, ACA Marketplace plans, and COBRA. Encourage participants to explore options for which they may qualify.

After Care



EXPLANATION OF BENEFITS

Think of this as a report card you receive from your insurance company after your provider has filed a claim with the insurance company. It can be helpful to have in case of any billing differences. **It is NOT a bill.**



CHARITY CARE/FINANCIAL AID

More than half of the patients and individuals who qualify for help never ask, according to the nonprofit group Dollar For. You can and should ask for help if you need it.

Use the resources available to you to help offset medical expenses.

Tools and Resources

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Discuss resources available after care, including EOBs and financial assistance programs. Encourage participants to ask about charity care if needed.

Meet Jordan.

Jordan goes to their local urgent care for a bad cough. A few weeks later, he gets the **EOB**. Jordan sees that insurance reduced the cost and Jordan should only have a **\$40 copay**. Later he receives the bill for **\$275**. Instead of paying right away, Jordan remembers a few things:

- *This may not be the final bill*
- *Insurance still needs to process the visit cost*
- *The amount should be based on what insurance covered—not just what was charged.*

Jordan decides to wait for the **final bill**. Jordan sees that insurance reduced the cost and Jordan owes only a **\$40 copay**.

The first step is to understand that your EOB tells you what your insurance covered.

Real-Life Example

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Use Jordan's story to show the importance of waiting for insurance processing and reviewing documents before paying a bill.

What Do You Notice About This Bill?

- Is there a **date of service**?
- Is there a **duplicate charge**?
- Is it marked "**final bill**"?
- Should this bill **be paid**?

Apply What You Learned

Remember, the final bill should reflect what insurance covered.

Try It Out

What You Really Pay for Healthcare—Decoded



123 Anywhere St., Any City
123-456-7890 | www.reallygreatsite.com

MEDICAL INVOICE

Patient Information
Name: Jordan Smith
Address: 123 Anywhere St., Any City
Insurance Provider: BlueCigna Company

Physician Information
Name: Jonathan Patterson
License No.: 12345
Department: Internal Medicine

Invoice No.: 12345
Date of Issue: 08/10/2030
Due Date: 10/25/2030

Date of Birth: 02 / 15 / 1988
Phone: +123-456-7890
Policy No.: HT-1234567

Service / Procedure	Date	CPT Code	Qty	Unit Price	Total
Initial Consultation	08/10/2030	12345	1	\$100	\$100
Cough Medicine	08/10/2030	12345	1	\$175	\$175

Payment Instructions
Payment Method: Bank Transfer / Credit Card / Check
Bank: Sulford & Co.
Account No.: 0123 4567 8901

Please settle the payment by the due date to avoid late fees.

Subtotal:	\$270
Tax (5%):	\$5
Patient Responsibility	\$275

Includes fees, tests, and medications. Questions? Email hello@reallygreatsite.com

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Invite participants to analyze the sample bill using the questions on the slide. Give them time to identify possible issues.

What Do You Notice About This Bill?

- Is there a **date of service**? **YES**
- Is there a **duplicate charge**? **NO**
- Is it marked "**final bill**"? **NO**
- Should this bill **be paid**? **NO**

Apply What You Learned



This bill does not reflect the insurance adjustment and therefore should not be paid.

Try It Out

What You Really Pay for Healthcare—Decoded



Example Medical Center
123 Anywhere St., Any City
123-456-7890 | www.reallygreatsite.com

MEDICAL INVOICE

Invoice No.: 12345
Date of Issue: 08/10/2030
Due Date: 10/25/2030

Patient Information
Name: Jordan Smith
Address: 123 Anywhere St., Any City
Date of Birth: 02/15/1988
Phone: +123-456-7890
Policy No.: HT-1234567

Insurance Provider: BlueCigna Company

Physician Information
Name: Jonathan Patterson
License No.: 12345
Department: Internal Medicine

Service / Procedure	Date	CPT Code	Qty	Unit Price	Total
Initial Consultation	08/10/2030	12345	1	\$100	\$100
Cough Medicine	08/10/2030	12345	1	\$175	\$175

Payment Instructions
Payment Method: Bank Transfer / Credit Card / Check
Bank: Safford & Co.
Account No.: 0123 4567 8901

Please settle the payment by the due date to avoid late fees.

Includes fees, tests, and medications. Questions? Email hello@reallygreatsite.com

Subtotal:	\$270
Tax (5%):	\$5
Patient Responsibility	\$275

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Review the answers. Highlight that the bill is not marked as final and does not reflect insurance adjustments, so it should not be paid yet.

Key Takeaways

The system is complicated.

Most patients have not learned how medical bills work. It's normal to be confused by the system.

You have more control than you think

- The first bill is often **not the final amount**
- Insurance—and your plan details—ultimately determine what you pay.
- Small actions can make a **big difference**

Simple things that help

- Don't rush to pay the bill right away
- Check your explanation of benefits.
- Ask questions. It's normal and expected

You have the power to start making small changes today!

Don't Forget

What You Really Pay for Healthcare—Decoded



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Summarize key lessons. Remind participants that confusing bills are common, the first bill may not be final, and reviewing EOBs can prevent unnecessary payments.

Start Small

You don't have to do everything at once.

Pick just one. **Write** it down. **Apply** it.

1. Next time I get a bill, I will wait for my EOB before I pay.
2. I will check if my doctor is in-network before my next visit.
3. I will ask for a cost estimate before my next procedure.
4. I will ask the billing team about financial assistance options at my next visit with my provider.

Keep Us Informed

Follow us **@americanheart** on social media and dm us to let us know how you are doing!



Take control of your finances and reduce surprise medical bills.

Now What?

HEART.ORG



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Encourage participants to choose one action they will take after today. Small steps can lead to better financial control and fewer billing surprises.



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.

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Close by sharing additional resources. Encourage participants to take a picture of the slide, continue learning, and seek assistance when needed.