

# Universal Solutions

Leveling the Healthcare Playing Field



## Free Patient Information



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## What you can do

- Once you've paid an out-of-pocket medical bill with a loan or credit card, you lose your ability to negotiate the repayment amount and terms. Here's what you need to know:
- Hospitals are required by federal law to provide care in a medical emergency. Always ask for an **itemized** bill and check it for accuracy, because billing errors are common, as high as 90 percent in some cases.
- If you can pay at the time of service, providers may be willing to cut your bill by more than 50 percent to avoid the expense of billing. When negotiating discounts or any payment terms, ask to speak to the manager of patient accounts. Get any agreements in writing.
- When you're dealing with a hospital, request a copy of its financial assistance guidelines to see whether you qualify for free or discounted care. Although non-profit facilities are supposed to volunteer such help, consumer advocates report they often don't inform patients about these options unless they're asked.
- Providers generally structure plans to be paid off in no more than 24 months. Negotiate a longer term if necessary to ensure that you will be able to afford the monthly payment because your account can be sent to a collection agency if you are paying less than the agreed-upon amount. Any interest charged is likely to be at a lower rate than a commercial lender's.
- If you are under a financial hardship or on a fixed income, always request a financial hardship request form. Almost all providers have them but very few will offer them. Once the form is completed, it goes to administrative review and if approved can reduce your bill up to 70% and allow for minimal monthly payments. We have worked with some patients we were able to secure as low as \$5.00 a month payments. NOTE: It is vital you fill out this form correctly or you will be denied for this program. Contact one of our patient advocates to assist you.



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- If relying on credit is your only option, shop for the best general-purpose credit card deal rather than a health-care credit card or loan marketed through your doctor or hospital. Zero-interest offers through companies such as Care Credit are a good deal only if you're absolutely sure that you will be able to pay the balance in full during the interest-free period. If you can't be sure you'll be able to pay on time, Curtis Arnold, founder of CardRatings.com, suggests putting medical charges on one of your existing credit cards and then transferring that balance. Among the best deals recently available: Blue or Blue Cash from American Express, which both offer a 4.99 percent rate for the life of the balance with a 3 percent transfer fee, and Pentagon Federal Credit Union's 2.99 percent rate for the life of the balance with a 1 percent transfer fee.

Any itemized charge that is not substantiated by documentation in the patient's medical records is likely to be an error and must be treated as an error unless the doctor or hospital can demonstrate otherwise. When you receive a medical bill, be on the lookout for:

- **Duplicate billing:** Make sure you haven't been charged twice for the same service, supplies or medications.
- **Number of days in hospital:** Check the dates of your admission and discharge. Were you charged for the discharge day? Most hospitals will charge for admission day, but not for day of discharge.
- **Operating room time:** It's not uncommon for hospitals to bill for more OR time than you actually used. Compare the charge with your anesthesiologist's records.
- **Up coding:** This common billing mistake occurs when a doctor switches a high cost medication or expensive service for a cheaper alternative then charging for the more expensive item or, in some cases, charging for both!
  - **Example:** The doctor replaces a top dollar brand name medication for a generic alternative but stills charges the more expensive brand. This also happens many times in service based visits where a doctor may have seen you for a total of 10 minutes but charges the code relative to a 20 minute visit.
- **Keystroke error:** An everyday mistake in which someone just happens to hit the wrong keyboard key. An innocent enough mistake but one that can cost you a significant amount of money.



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- **Unbundled Charges:** This is when a group of tests are billed individually, when they should have been billed together. Surgical procedures and tests frequently consist of several parts. For instance, you could have received a cervical MRI and a lumbar MRI. A hospital or MRI facility can bill \$1,200 for each MRI if they were done at different times; however, if they were performed on the same day, the total amount that the facility will be paid by an insurance company may be only \$1,400 or \$1,800 instead of \$2,400. Many times, MRI's will be scheduled on different days, frequently one day after the other, in order to bill at the higher rate. Do not allow a hospital or MRI facility to charge you the full price if they did this.
  - **Example:** You fracture two fingers and you were charged the full price to set each finger individually, instead of the full price to set one finger and a discounted price for the second finger.
- **Fraudulent Coding/Weird Charges/Fake Language:** Hospitals may invent confusing language to cheat patients. They use medical sounding names for everyday items and charge you an astronomical price. For example, an "oral administration fee" is really a charge for the nurse handing you pills. You do not have to pay for that because it is part of the room and board. Other items that have appeared on hospital bills are: "disposable mucous recovery systems" (a box of Kleenex tissues); "Thermal therapy" (a plastic bag filled with ice); "Gauze collection bag" (a trash bag).
- **Assignment:** Check to see if the hospital or doctor accepts assignment of your insurance payment. This means that the hospital or doctor is allowed to bill your medical insurance and to receive payment directly by your insurance company, without the check going to you. You can find out if the medical provider accepts assignment by asking your insurance company. When a hospital or doctor accepts assignment, you are assigning the hospital or doctor your right to the reimbursement check from your insurance company. When accepting assignment, it is now the hospitals or doctors responsibility to collect from your insurance company and thus accepts the contracted discounted reimbursement rate. This means if the medical provider bills your insurance company for \$4,132 and you were only entitled to be reimbursed \$1,638, the medical provider must accept this amount and you are not responsible for the remainder of the bill. This difference is called the contractual adjustment or write off and many times is mistakenly billed to the patient in error.

Why do hospitals and doctors accept assignment? Because when the check goes to the patient, many patients keep the money which requires the hospital or doctor to sue the patient. Accepting assignment allows the medical provider to know that they will be paid and to avoid the costs of litigation if the medical provider must sue the patient to recover payment for services rendered.



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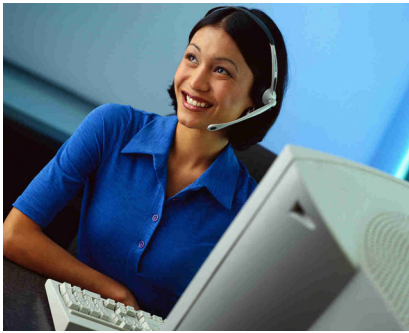
- Charges for medications and supplies that a physician did not order or that the patient did not receive.
- Charges for tests and services that a physician did not order or that were not performed or provided.
- Charges for certain services that were performed by nurses or technicians, such as equipment monitoring, that should be included in the room charge.
- Charges for equipment monitoring services on occasions when the equipment in question was not in use.
- Charges for items dated before the patient was admitted to the hospital or after the patient was discharged from the hospital.
- Charges for tests and services that had to be performed a second time because they were performed incorrectly the first time or the results were lost or mislaid because of some other hospital mistake.
- Charges for improperly identified or unidentified items.
- Charges for personal items, such as a toothbrush, a comb or slippers, that the patient did not use.
- Charges for services that the patient refused.
- Charges for routine supplies used by hospital staff, such as surgical gloves, coats, drapes and masks.
- Charges for routine equipment such as blood pressure cuffs, heating pads, and thermometers.
- Room charges that were incorrectly calculated, such as if the patient had a semi-private room but was charged for a private room; the patient requested a semi-private room but was placed in--and charged for--a private room because no semi-private room was available; the patient was charged for a greater number of days in a specialized unit like intensive care or cardiac care than he or she actually spent there; or the patient was charged for a room on the day he or she was discharged from the hospital.
- Charges that are not allowed by the Health Care Financing Administration or by an appropriate state agency.
- Charges for services that are completely inappropriate, such as a woman being charged for a circumcision or a man being charged for a hysterectomy.



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If you have questions regarding this information,  
or if you would like to know how we can be of service,  
please contact UNIVERSAL SOLUTIONS



**Toll Free**

800.391.2140



**Email**

support@usbyscm.com



**Web**

www.usbyscm.com

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