

BrokenHealthcare.org

How to Use this Packet

This packet includes the overview of our process as detailed on our website, as well as some sample letters representing each step in the process.

You'll want to organize your bills and jump right in to "Step #1."

All the sample letters are available on our website as Word documents. The key is to review your bills and adapt the letters to fit your own case.

Most important: Do not get intimidated by any hospital response. You have the right to the information you are requesting. And, you have the right to withhold payment until you receive it.

If you need help, feel free to contact us through the website at brokenhealthcare.com/contact-us/



Our Process

BrokenHealthcare.org's system of fighting unfair billing is centered on "Denial of Payment." Our website is here to provide patients with the information they need to properly and effectively fight these unfair bills and to ultimately change the system. We will also offer advice, help draft letters, communicate with hospitals and collection agencies and, when necessary, provide pro-bono legal representation to patients.

Your Letter Writing Campaign

Our process for denying payment is simple and straightforward. It is designed to be effective without hurting your credit rating. You will be engaged in a letter writing campaign. The core of this process is simply to demand information we believe every patient is entitled to, but that hospitals refuse to provide. You will be asking for specific information about your bills, which you should be entitled to but which hospitals consistently refuse to give. This information includes price lists, explanations of how prices are derived, bills that detail the services provided, details of the negotiations with insurance companies, uninsured discount policies and evidence that the hospitals are complying with price laws.

You will repeatedly assert that you will pay the bill once the hospital gives you the information you are requesting. The hospital will eventually pull the bill because it would rather lose your money than reveal details about its pricing and negotiated deals with insurance companies.

Each and every letter should state that, "I am disputing my bill. Please ensure my record is clearly marked disputed and be sure that should you send my bill to a collections agency, that you include a copy of all correspondence and mark the file as "disputed."

The Bottom Line

You cannot be asked to pay more than you were originally billed. So what do you have to lose?

While we cannot guarantee that you will never have to pay your bill or the ultimate outcome in your individual case, based on our experience, every bill is arguable.

By challenging your bills and refusing to pay, you are not just saving yourself money. You are becoming part of a cause. Only when enough of us deny payment to hospitals will they change their ways. We are trying to bring the system to its knees.

Before You Start

- Make several copies of each your bills, or scan them for repeated use
- Organize your bills so that you are addressing all bills related to each hospital visit together

Step #1 – Your First Letter

The first step in our process is to contact the hospital and request the following information (see sample letter)

- A detailed copy of the bill
- A copy of the hospital's price list for all related services
- An explanation of how the prices are derived
- An explanation of how any discounts were derived

Just because you signed something saying you would be responsible for your bills does not mean you have agreed to simply pay any bill presented to you. Hospitals must explain their prices and how they are derived. It is insufficient for them to merely say the charges are “customary” or other such language.

Request an explanation of how they derived the price of services you are being charged for and ask for specifics. For example, is the bill based on the time you spent in the hospital, the time doctors and nurses spent with you, the skill level or years of experience of those who cared for you? What is the formula they are using to calculate your charges, if any?

STEP #1 – YOUR FIRST LETTER ABOUT YOUR BILL

Date

Hospital Address Block

Re: Acct Number, Patient Name, Date(s) of Visit
Request for Price Lists and More Detailed Bill

To whom it may concern:

I am the responsible party for this account. I am in receipt of the bill for the above referenced account.

First, thank you very much for the fine care provided to me (or name of patient).

Regarding these bills, I feel blessed to have such excellent healthcare coverage and that my insurance has either negotiated a reduced rate with your hospital or has paid the bills on my behalf.

With respect to covered services and the remaining balance, as the responsible party, I feel it is MY responsibility to ensure everything is paid correctly. Unfortunately the bill (or you can refer to the name of the page “Summary of Services,” “Account Summary,” etc.) provides insufficient detail. For example, it merely tells me there were insurance adjustments of \$12,345, but does not tell me what line items those insurance adjustments were applied to and in what amounts. I have no way to conclude if my insurance company has been appropriately billed, and no way to know if they have paid for everything I should expect them to pay under my policy. Therefore, I do not have any way to validate that the remaining balance is correct.

Please provide the above requested detail so I can further review the bill.

Additionally, I will need a copy of the hospital’s price list for all services offered. For example, there is a \$20,839.76 charge for MRI that simply says, “General Classification.” I am not familiar with the many classifications of MRI and how it is determined which classification applies to the specific MRI my daughter experienced. I would like a price list for all MRIs. The same goes for the hospital room stay. It reads, “General Classification.” Are there “non” general classifications and how are they assigned to a patient? How is the price of each established? Once I have the detail and price lists hopefully I will be able to confirm that everything is correct.

Thank you for your prompt response,

Your Name

Your Phone Number

Your Email Address

Step #2 – When the Hospital Responds

- If there is not enough detail so that you fully understand the bill, ask for more detail.
- If they have not provided a price list, explain that you simply don't have the confidence that you are being billed for the right services
- If they have not explained the system by which prices are derived so that *you* understand it, request that they try again. Do not accept that it is too complicated. They have an obligation to explain their prices in a manner that *you* can understand.
- If they do not explain their discounts or say that you should check with your insurance company, remind them that it is the hospital and not your insurance company that is asking you for money.
- If your bill was reduced because your insurance company paid part of it, demand a copy of the agreement between them and your insurance company. It is not your problem that they say it is "confidential."
- On your second letter, be sure to end with: "Because I still do not have adequate explanation of my bill, I am formally disputing this bill. Should you decide to send my bill to a collection agency, be sure to mark the file, "DISPUTED."

We are entitled to price lists so that we can shop for services. It is not enough that a hospital says you can request an estimate for services. There are many things they might charge you for that were not included in your estimate. For example, if you have complications you might be charged for other things not in your original estimate, so it is only reason that you have a complete list of the hospital's prices. Also, tell them you want the prices YOU will be charged, based on your insurance plan, not their list prices (called a charge master).

STEP #2 – WHEN THE HOSPITAL RESPONDS

Date

Hospital Address

To Whom it May Concern:

I am writing with respect to patient account number XXXXXXXXXXXXXXX.

I am in receipt of your correspondence that includes what is apparently a response to my request for a detailed bill. Please provide a copy that actually includes a complete description of each item, not an abbreviated description. As an example, “COMP METABOLIC PANEL” suggests that many tests were included under this line item. What are they? Does it say on your website what a COMP METABOLIC PANEL includes?

Also, unfortunately, I still do not have a copy of your price list (as previously requested) to compare these charges to. There is simply no way for a patient to know that there are not different charges that should have or could have been applied without having a price list to compare to. I will need your entire price list before I can pay this bill.

Additionally, it is not my insurance company (you can name the company, instead if you'd like) that is asking me for money. It is your hospital. Thus I have no intention of referring questions to my insurance company. If you prefer to reclassify me as an uninsured patient, that is fine, too. Then your price list will be sufficient. As long as I'm classified as an insured patient, I am going to need a copy of the agreement you have with my insurance company so I can verify that proper pricing\discounts have been applied.

Finally, while I appreciate the offer to “audit” my bill, that is something I intend to do myself, not to have done by a department within your hospital. If you care to send me a copy of your audit procedure, I will review it and will reconsider my answer, but I am not inclined to put my faith in the hands of an auditor for something I am responsible for doing myself.

Please understand—the entire American healthcare system is being refocused on empowering patients to become better healthcare consumers. The Affordable Care Act, high deductible insurance plans, Health Savings Accounts, and employers preaching to employees the importance of taking charge of their own healthcare all demand that I insist on having complete information. I simply cannot settle this account without answers to my questions and without the information I have requested. Please be sure that any decision to forward my account to a collections agency includes a copy of all correspondence and is clearly marked, “DISPUTED.”

Thank you,

Your name

Your phone number

Your email address

Step #3 – And Beyond

Hospitals will likely continue to send you all kinds of explanations for why they can't answer your questions. They may tell you pricing is private or confidential. They may tell you that there are just too many events or procedures that can happen in a hospital to list them all. They are likely to tell you that things are complicated, or are based on a system, or that they adhere to "benchmarks" and "standards." It's all nonsense because you are entitled to this information. It has been our experience that hospitals will argue that they can't possibly provide all this information to every patient. That is also nonsense. They could simply put all of the information on their website once.

Keep requesting the information you are entitled to.

- Be clear with the hospital that you are disputing your bill and will not pay it until you receive the information you have requested
- Counter any argument against providing you with the requested information, by asserting that you can't pay a bill without fully understanding it
- Counter any suggestion that you seek information from your insurance company with the fact that you are disputing your hospital bill, not your insurance bill

Unfortunately for the American people, hospitals will consistently resist providing clear information about their pricing. To date, we have found that hospitals would rather forgive the bill than provide patients with the relevant information they are seeking.

The more pressure we put on the hospitals, the greater the chance that we can effect real change. But until that happens, you should not be forced to pay bills that you don't understand and can't check for accuracy.

The letters below are examples of what you may need to see this process through to the end. Remember to use your bills and ongoing correspondence to customize your own versions.

STEP #3 – GENERAL

Date

Hospital Address

XXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXX

Dear XXXXXXXX (the person or department from whom you have received correspondence):

I am writing with respect to patient account number 123456789, and your letter dated date of letter. This letter, unfortunately, still does not answer my questions.

Previously, you provided me with an itemized bill. There is still nothing that explains how your prices are derived and you did not send me a copy of your price list. So, my question is: how do I know these prices are correct? Do you use a third-party to establish your prices? Are they established based on some kind of national benchmarking system? Do you charge by the hour?

You also have not explained to me how you ensure you are compliant with your state law regarding billing of the uninsured and the limits of the law based on your rates negotiated with insurance companies. Please identify the insurance company with whom you have the best negotiated rates, their rates for the care provided to me, and a copy of your uninsured discount policy.

I would like it expressed in your records that I am formally disputing this bill until such time that I receive reasonable information. **Please be sure that if my record is sent to a collections agency, all of our correspondence is included and that mile file is clearly marked that it is in DISPUTE** (now in very serious dispute given that my questions are being ignored).

Thank you very much,

Your name

Your phone number

Your email address

STEP #3a – IF YOU RECEIVE AN EXPLANATION OF CHARGES

Date

Hospital Name and Address

Re: Acct XXXXXXXXX

To Whom it May Concern:

I am in receipt of your Explanation of Charges dated XXXXXX. To avoid any doubt, I am disputing the charges specifically because we find them incomplete and incomprehensible. More specifically:

We are not physicians. We do not understand what HC COMPLETE CBC W/AUTO DIFF WBC means. I presume it is some kind of lab test. We require an explanation of this test and the test results. We also require a list of all tests offered by your emergency department and their pricing so that we can evaluate—in advance—our decisions to seek emergency care at your hospital in the future.

We cannot even begin to guess what DDIMER QUANT means. Please explain and provide a list of all similar or related services along with their pricing.

Finally, and most importantly, HC EMERGENCY DEPT VISIT LEVEL IV implies there is a LEVEL I, II, III and perhaps a V, VI and VII. We require an explanation of what LEVEL IV is and how it is distinguished from Level I, II, III and any other “Levels” and how such determinations are made as well as the pricing for each level. We are also aware that in some hospitals the fee for the physician is included in the hospital bill and in other cases there is a separate bill. Without being told if we will be receiving other bills how can someone assess whether they are being reasonably charged with this bill?

We understand that the law reasonably excludes any requirement for an emergency department to provide an estimate of the cost of services when someone seeks emergency care. With that in mind, it is essential that patients conduct their own review and diligence on area hospitals when not in need of emergency care. Accordingly, we must have all of your pricing so that we can review it. Our assumption is that each of the XXXXXX area hospitals are capable of providing reasonable [emergency](#) care. How can we intelligently manage healthcare costs without any indication of the cost of those services prior to seeking them out?

Finally, we wish to remind you that should you refer this bill to a collections agency or any credit bureau, you must list it as “disputed.”

Thank you for your prompt response,

Your name

Your phone number

Your email address

STEP #3b – IF THE HOSPITAL REQUESTS FINANCIAL INFORMATION

Date

Hospital Address

XXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXX

Dear Dispute and Resolution Department (or whatever person or department has corresponded with you):

I am writing with respect to patient account number XXXXXXXXXXXX, and your letter dated date of letter requesting financial information.

This letter, unfortunately, still does not answer my questions. I am also quite disturbed that you are asking me for financial information. I have not requested financial assistance and it is entirely inappropriate for you to ask me for such personal information.

Previously, you provided me with an itemized bill. There is still nothing that explains how your prices are derived and you did not send me a copy of your price list. So, my question is: how do I know these prices are correct? Do you use a third-party to establish your prices? Are they established based on some kind of national benchmarking system? Do you charge by the hour?

You also have not explained to me how you ensure you are compliant with (your state) law regarding billing of the uninsured and the limits of the law based on your rates negotiated with insurance companies. Please identify the insurance company with whom you have the best negotiated rates, their rates for the care provided to me, and a copy of your uninsured discount policy.

I would like it expressed in your records that I am formally disputing this bill until such time that I receive reasonable information. **Please be sure that if my record is sent to a collections agency, all of our correspondence is included and that mile file is clearly marked that it is in DISPUTE** (now in very serious dispute given that my questions are being ignored).

Thank you very much,

Your name

Your phone number

Your email address

Need Help?

We have experts available to help you. Contact us through our website. Or email us at help@brokenhealthcare.org.

Help us change the healthcare system...

... one bill at a time