

A Guide to Paying Your Hospital Bill

In today's rapidly changing health care market, it is important for you to increase your understanding of the health care system. You need to be informed about cost, quality and coverage in order to get the best health care possible.

An Itemized Bill is Important

As a rule, individuals rely on their health insurance to cover the expenses of hospital care. Most people also depend on the hospital's billing department to provide an accurate, understandable bill. Even if you do not understand the statement of charges that you have received from the hospital, it is your responsibility to find out what these charges mean and how much you are expected to pay.

If you have questions about your charges, you may ask the hospital for an itemized bill. The line-item bill provides a detailed list of all services and supplies administered to the hospital patient. You should receive the itemized bill from the hospital within 30 days of your request

How to Review Your Hospital Bill

Once you receive your itemized hospital bill, verify that each of the following items is correct.

- Be sure that your name is spelled correctly on the bill and that it agrees with the name on your medical insurance.
- Verify your group insurance numbers, your social security number and your hospital patient number.
- Be sure that the length of stay on your bill reflects the actual number of days you spent in the hospital. Normally, you will not be charged for the day you were discharged from the hospital.
- Be sure you are being billed for the appropriate room. You are financially responsible for the type of room you requested (e.g., semi-private) and the level of care ordered by your physician.
- Note any charge that appears more than once per day. A data entry error may result in the same service or product being listed two or more times on your bill. However, in some cases, your physician may have ordered tests or procedures to be repeated on a given day.
- Items such as slippers and tissues given to incoming patients may appear on an itemized bill. You may refuse these items and avoid being charged for them.
- If pharmacy charges seem high, ask the hospital for an itemized list of the medications you received while in the hospital. If you will need to continue taking medication after leaving the hospital you may request a prescription from your physician to fill at a discount pharmacy.

What to Know Before Receiving Care

The following information is extremely important for you to understand -- preferably before you need medical care.

Understand Your Insurance Coverage

It is vital for you to read and understand the terms of your health insurance plan. Your health insurance contract should explain in detail all included benefits and all patient responsibilities. For example, your contract should tell the following:

- the maximum lifetime benefits you may receive;
- the deductibles for in-network and out- of-network services;

- the standard deductibles, co-pays and coinsurance that you will need to pay;
- excluded services or coverage limits;
- special requirements, such as contacting the insurer for permission to use specific treatment services.

Financial Issues

Hospitals in Connecticut strive to be sensitive to the financial concerns of their clients. If you are uninsured or under-insured and need care, you may ask the hospital to consider a discounted rate for your treatment before you are admitted. You may also inquire about setting up a payment plan. These two options may allow you to establish a workable financial arrangement before receiving treatment.

Many nonprofit hospitals also have access to funds which they may use to provide financial assistance or even free care to needy patients. Information about these funds can be obtained from hospital business offices, most hospital discharge planners and social work staff.

Applying for Financial Assistance

To apply for financial assistance, you should express interest in this option to the hospital business office and cooperate with hospital staff assigned to this program. You will usually be encouraged to apply for General Assistance and/or Medicaid. These programs may, in fact, cover all or part of the treatment costs. If you do not qualify for these government programs, you may still be eligible to apply for financial assistance from the hospital.

What to Know After Receiving Care

The following steps will assist you in paying your hospital bills and protecting your credit.

Appealing to Your Insurance Company

If you find that your insurance company will not pay the submitted hospital charges at the rate that appears in your contract, you should request from your insurer an address where a letter of appeal can be sent. Most health insurance plans also provide a toll-free number for inquiries of this nature. As a consumer, you always have the right to appeal a decision from your insurance company. Each insurance company offers several levels of appeal for consumers with such concerns.

You may also appeal if your health plan refuses to pay for treatment that it considers not "medically necessary." If possible, request assistance from your hospital and your doctor to provide information when you make this type of appeal to your insurer. If you are denied payment for services considered not medically necessary, you also may appeal to an external neutral party. It is important to follow all of your health plan's internal appeal procedures in order to protect your right to an outside review. The external process can begin only when you have exhausted your health plan's internal appeal process. For more information on external appeals, call (860) 297-3862.

If Your Appeal Doesn't Succeed

If your appeal is turned down and your insurance plan was obtained through your employer, contact your worksite's Benefits Administrator. This person can provide you with information about your health plan. In many cases, he or she may be able to help persuade the insurance company to reconsider. If the Benefits Administrator is unable to help, you may seek assistance through a state or federal agency. If your health plan was purchased directly by you or your employer, contact:

State of Connecticut Department of Insurance Consumer Affairs Division,
P.O. Box 816 Hartford, CT 06142-0816
Telephone: (860) 297-3900

If your employer self-funds or self-insures your health plan, you may contact:

U.S. Department of Labor, Pension & Welfare Benefits, Bowdoin Square -- 7th
Floor,
Boston, MA 02114
Telephone: (617) 565-9600

Payment Arrangements

There are no strict guidelines that hospitals follow to set up alternate payment arrangements, but most hospitals will work with you to ensure that a payment schedule is reasonable and suits your needs. Whenever possible, notify the hospital that you require such an arrangement before receiving treatment. You should also consider the following:

- The payment arrangement must be mutually agreed to by the patient and the hospital.
- The repayment schedule should be completed within 6 to 12 months.
- The hospital has full discretion in determining the appropriate payment schedule.