

## **Don't let that hospital bill be a headache Experts advise to take close look at statements**

**By Brian Bethel / Reporter-News staff writer  
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When Jill Whisenhunt, 46, had an outpatient surgery in June, little did she know that a 12-month odyssey was about to begin.

The hospital expected payment up front, and her current health plan had a \$1,000 deductible. Whisenhunt, who lives in Abilene, elected to get a loan with a program affiliated with the hospital to pay the bill in advance, and then repay the loan.

But the estimated charges she paid for ended up being far below the actual cost of the procedure - and the cost she had agreed to pay.

To boot, she was billed twice for the surgery. Phone call after phone call to various groups within and without the hospital availed her little.

Eventually her bill was paid - after she finally complained enough, got a single bill reduced to the actual amount she owed, and took money out of a separate account to pay the amount in full.

"They overestimated how expensive the procedure was going to be by almost a third," said Whisenhunt, who has an accounting background. "And then, they double-billed me. I kept calling to try to get the situation corrected and my bill adjusted, but it just seemed that things would never be fixed."

While the incident ended up not hurting her credit history, Whisenhunt said it soured her somewhat.

"I'd had day surgery procedures performed in the past at the same hospital and never had any problem," she said. "It took a full year, and they never got this right."

Medical professionals say automation and better accounting procedures have made such situations relatively rare. But staff at both of

Abilene's general-service hospitals said that it's not out of line to take a close look at the services rendered on a bill - and the charges levied.

"We're very happy to answer anyone's questions," said Tommy Kiser, business office manager with Abilene Regional Medical Center. "Hospital bills have traditionally been complex, and we've worked hard to make ours as comprehensive and yet comprehensible as they can be."

With a typical itemized hospital bill running from a few pages to "reams" depending on the procedure, there is still some room for error even with computerization, said Mike Reppart, director of business services with Hendrick Health System.

"Anything that looks repetitive, for example, has some potential to be a mistake," he said. "Sometimes, it can be something as simple as a missed keystroke by whoever was entering activity."

### **Difficult task**

Lori-Ann Rickard, a Michigan attorney and author of several books on various aspects of healthcare law and compliance, said the only clear thing about hospital charges is that they are "very difficult to understand."

"The charges stem from a very difficult reimbursement structure established by the

government - Medicare and Medicaid - and private insurers," she said.

Hospitals establish "charges" and then generally accept a discounted rate from insurance companies, she said. These discounts are typically negotiated in advance.

"Thus, the patient will see an overall charge on the bill and then also see a discounted paid charge," she said.

While most patients at Abilene Regional Medical Center, for example, may see a single-room rate listed on their bills, that may not be what they are ultimately charged, said Debbie McClure, an Abilene Regional spokesperson.

"You can think of it as a rack-rate in a hotel x96 an undiscounted price," she said. "But depending on your insurance plan and other considerations, what you'll actually end up paying will actually be much less in most situations."

Patients should always closely review their bills for accuracy, Rickard said, answering several fundamental questions as they do.

"Did they receive these services? Did they receive the services from the entity sending them the bill? Are the charges correct?" she said.

All hospitals have a patient billing department where a patient can call and inquire about the bill, Rickard, the attorney and author, said.

Several experts agree that patients can help their cases by making their own documentation while they are in their hospital.

A Web site, [www.thehealthpages.com](http://www.thehealthpages.com), for example, suggests keeping a comprehensive daily diary of a hospital stay, including dates, type of room, doctor visits, services and personal items received.

Requesting an itemized bill for each day in the hospital can also help you thoroughly review charges. Reppart said that typically patients never see the most detailed bills the hospital can produce.

If the problem turns out to be with the insurance company, the patient should follow up with the insurance company to make sure that the mistake is corrected, Rickard said.

Both hospitals said that increasingly better automation - including specialized systems that enter charges as soon as a procedure is done - should eventually make such minor mistakes mostly a thing of the past.

"Right now, we're usually within a few dollars once it's all said and done," Reppart said. "It's important for people who do contact us with

worries about their bills to know that we're happy to help them. It's our job."

### **If all else fails**

- File a complaint with the Better Business Bureau. Statements, receipts, proof of payment, insurance statements, etc., may be faxed or mailed with the complaint.
- Bill-reading services offer line-by-line scrutiny. To find them on the Internet, type "hospital bill review" into a search engine. Some groups review bills at no charge, while others will charge a fee.
- Contact the state attorney general's office, (512) 463-2100 or [www.oag.state.tx.us](http://www.oag.state.tx.us).

### **Examples of hospital fees**

Typical examples of total charges on hospital bills. Patients most often have to pay only a fraction of the total, depending on insurance or other assistance:

#### **Chest Pains**

Post ICU: \$2,876

Pharmacy: \$417

Drugs/Generic: \$1,247.32

Drug Incident to Rad: \$350.70

I.V. Solutions: \$466.46

Other Pharmacy: \$254.28

I.V. Therapy: \$242.28

Medical-Surgical Supplies: \$2,333.25

Sterile Supply: \$356.08

Laboratory: \$343

Lab/Chemistry: \$1,811

Lab/Immunology: \$704

Lab/Hematology: \$2,141

Lab/Urology: \$167

DX X-Ray: \$276

Emergency Room: \$803

Pulmonary Function: \$106

Cardiac Cath Lab: \$8,776

Drugs/Detail Code: \$661

EKG/ECG: \$904

Peripheral Vascular Laboratory: \$386

Total: \$25,621.72

**Day Surgery**

Pharmacy: \$91.84

Drugs/Generic: \$295.45

I.V. Solutions: \$12

Other Pharmacy: \$14

Medical-Surgical Supplies: \$338.50

Laboratory: \$11

Lab/Chemistry: \$1,244

Lab/Hematology: \$177

Pathology Lab: \$462

OR Services: \$862

Anesthesia: \$129

Respiratory: \$159

Drugs/Detail Code: \$1,640.22

Recovery Room: \$346

Treatment Room: \$182

**Total: \$5,964.01**