

Got an unaffordable or incorrect medical bill? Calling your hospital billing office could get you a discount

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What do you do when you disagree with or can't afford a medical bill?

[Many Americans struggle to pay medical bills, avoid care](#) because of cost worries or [forgo other needs](#) due to [health care](#) cost burdens.

It can be [hard to understand](#) what you're being charged for on a medical bill. I'm a [health policy and economics researcher](#) who studies insurance and out-of-pocket health care expenses, and even I sit at my kitchen table trying to wrap my head around bills and explanations of benefits.

In my newly published research, I surveyed a nationally representative sample of 1,135 American adults—a subset of participants from the University of Southern California's [Understanding America Study](#)—to find out how they handle troubling medical bills. I learned that [advocating for yourself can pay off](#) when it comes to medical bills, and you may be missing out on financial relief when you don't pick up the phone.

Squeaky wheel gets the grease

My team and I found that [1 in 5 patients](#) had received a health care bill in the prior year that they disagreed with or couldn't afford. Nearly 35% of the bills came from doctor's offices, nearly 20% from emergency rooms or urgent care and over 15% from hospitals. Other sources of bills included labs, imaging centers and dental offices.

A little over 61% of respondents contacted the billing office about a troubling bill, but 2 in 5 did not. Why not? [About 86% of patients](#) said they did not think it would make a difference.

But [reaching out got results](#). Nearly 76% of patients who reached out got financial relief for an unaffordable bill. Nearly 74% who spoke up about a potential billing mistake received bill corrections. For those who negotiated their bills, nearly 62% saw a price drop.

Additionally, 18% of [patients](#) who reached out got a better understanding of their bill, 16% set up payment plans and a little over 7% got the bill canceled altogether. Nearly 22% said their issue was unresolved, and 24% reported no change.

The majority of people who reached out about their medical bills reported that it took [less than one hour](#) to handle their issue.

Picking up the phone

We found that people with a more extroverted and less agreeable personality—based on the [Big Five Personality Test](#)—were more likely to reach out about a medical bill. People without a college degree, with lower financial literacy or with no [health insurance](#) were [less likely to reach out](#) to a billing office.

Differences in who does and doesn't call about a medical bill may be exacerbating inequalities in how much people end up paying for health care and who has medical debt.

Many Americans are in [health plans](#) with [high out-of-pocket cost sharing](#), including [high-deductible plans](#). This so-called [consumer-directed health care](#) paradigm is intended to motivate consumers to be more cost-conscious when seeking care and navigating their bills. But by design, it [puts the burden on patients](#) to deal with billing issues.

Another recent study my team and I conducted found that 87% of U.S. hospitals offer their own payment plans, but [only 22% of these put plan details](#) on their websites. You have to call for more information.

In another recent study, my team [called hospitals as "secret shoppers"](#) planning an elective knee surgery. We sought information critical to assessing affordability: financial assistance, payment plans and payment

timing options. While the information was often available, it was hard to access. We couldn't reach a representative with information at about 18% of hospitals, even after calling on three different days. We were typically directed to three different offices to get all the information we wanted.

Policymakers have made strides in [price transparency](#) in recent years. For example, hospitals are required to post prices for their products and services. Practices and policies that further reduce the administrative burden of accessing aid and navigating troubling bills.

Pro tip: Make the call

Patients who make the call are benefiting when it comes to [medical bills](#).

A colleague who knew I was working on this study asked me for advice about a \$425 bill her household had received for a lab test at an urgent care center. The bill seemed inflated and unfair, forcing an unexpected stretch to her budget.

I told her it was worth a call to the billing office to express her feelings about the bill and see whether any adjustments could be made to the amount owed or the timing of payment.

It was worth the call. The billing office representative offered three options on the spot: a.) a payment plan, b.) a prompt payment of \$126 paid immediately over the phone to settle the account, or c.) [financial assistance](#) if eligible based on income.

My colleague chose option b and paid less than one-third of the original bill amount.

The next time you get a medical bill that troubles you, pick up the phone

or ask a disagreeable extrovert to make the call for you.

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