

7 questions to lower health care costs

By [Vanessa Richardson](#) • Bankrate.com



Highlights

- Tell your doctor you're paying for health care costs out of pocket.
- Many hospitals offer discounts for paying your medical bill promptly.
- Check your itemized bill for suspicious charges and ask for revisions.

Do you cringe every time you get a medical bill in the mail? Do you wonder why you end up paying so much, and whether there's a way you can cut your health care costs?

Actually, many medical bills are negotiable, and providers are often willing to lower them. It's just a matter of reading the right documents, asking the right questions and negotiating with the right person.

Here are a few questions that might lead to lower health care costs.

Can I get a break on medical fees?

Lowering health care costs starts when you make the doctor's appointment.

After losing his COBRA insurance, Duncan Moore, a Chicago-based writer and co-founder of the Columbia, Mo.-based Association of Health Care Journalists, always announces when scheduling an appointment that he's a private-paying patient.

"I say, 'I don't have insurance; I'll pay out-of-pocket. How much will my exam cost? How about lab work? What kind of discount can you give?'" Moore says.

With those questions, Moore pays 35 percent to 40 percent less than what doctors charge [insurance](#) firms. "Insurers usually pay just 40 percent of doctors' fees. That's why doctors charge them such astronomical sums," he says.

Moore recommends reminding your doctor about discounts during the appointment. "He usually will refer you to the office manager who will tell you the discount rates," he says.

Is there a prompt pay discount?

Many health providers offer a prompt-pay discount, which is payment at time of service or when the bill is generated. If your physician offers it, pay right away. "If they're giving a 40-percent discount, the least I can do is assure them they get the money immediately," says Moore.

Many hospitals offer **discounts** of 10 percent to 40 percent off medical bills, says Mark Rukavina, executive director of the Boston-based The Access Project, a nonprofit that helps people negotiate health care costs. Some prefer payment at checkout, while others give you 30 days from the first statement date.

Do you have a financial assistance program?

If you can't afford prompt-pay, ask if the hospital has a financial assistance department. Most have a staffer to help patients who are short on cash, says Laura Weil, director of the health advocacy program at Sarah Lawrence College in Bronxville, N.Y.

All hospitals set aside funds for charity care, offering reduced rates or waiving fees for certain health care costs. The more information you can give them, the more assistance you may be eligible to receive. "Let them know you have other medical bills or lost your job, and urge them to work with you on fees and payment terms," Rukavina says.

Can I have an itemized bill?

If your bill looks too high, you may have been billed for services you didn't receive. Ask for an itemized bill from your provider, says Rukavina. If there are suspicious charges, pursue billing revisions before paying.

Can I have my medical records?

If you get a claim denial, the problem may be simple like transposed Social Security numbers or a mistyped patient name. Weil recommends asking the provider for a copy of your medical records and scrutinizing them to ensure your patient information is correct. Make sure the billing codes are correct by asking the provider for them and comparing them to those on your insurance statement.

Can I speak to your supervisor?

If checking your medical records doesn't yield results, you'll have to follow up with a phone call to the insurer's customer service department. Ask to go up the chain if your needs aren't met. Documentation is the key, Weil says. Keep details of every conversation about your claim and copies of all paperwork.

Every insurer has an appeals process, but many only offer a window of time to start your appeal - usually 60 days, Rukavina says. An appeal normally starts by phone before moving to a written appeal.

Rukavina recommends asking the insurer to send you information to support its denial, including name and credentials of the employee who reviewed it as well as specific records he reviewed. You'll want a description of any of your medical records necessary for treatment approval and copies of expert opinions the insurer relies on when reviewing that treatment. Also, ask for the name and address of the appropriate person or department to send appeal letters, he says. And, send them by certified mail.

Whom can I call on the state level for help?

If your insurer refuses to budge, it's time to get the government involved. You can contact your state's department of insurance, although Sarah Lawrence's Weil recommends asking your state attorney general's office if it has a health care bureau.

"Many states have them and they'll call the insurer on your behalf. They can be effective in getting the insurer to reconsider," she says.

In this situation, some states like California, Minnesota and New York, allow you a review by an independent board of experts. If the appeal is determined in your favor, your insurance company can't deny your claim.

If you speak up, you're almost always guaranteed a lower medical bill. "No one should be paying list prices," says Moore. "Everyone in the medical field negotiates discounts, including your health insurer. So should you."

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