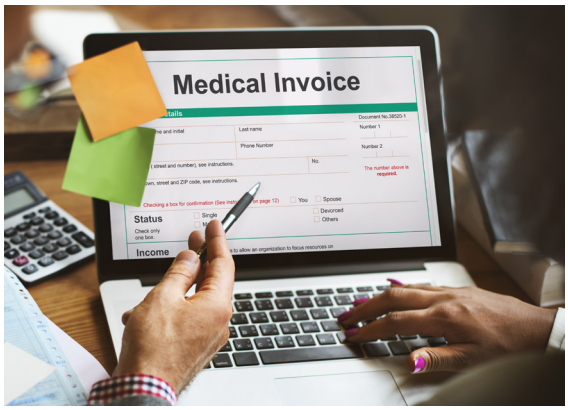
No Surprises:
How do I read my medical bill?



Getting a medical bill from a health care provider or facility can be confusing. Here are some of the most important items you're likely to see on a medical bill:

- **Name and address.** Make sure your name (or your dependent's name) and other personal information is correct before reviewing the rest of the bill.
- **Statement date.** This is the date your provider's or facility's billing office printed the bill.
- **Name and address of the provider(s) or facility.** Make sure you understand which provider or facility is billing you. If you don't see your provider's or facility's name or medical practice on the bill or you see a different name, call the number on your bill and ask them about the name.
- **Account number.** This number is assigned by the provider or facility and is unique to you. Use it to pay your bill so you get credit for your payments. You might also need to give this number to your provider or facility if you have billing questions.
- **Date(s) of the service.** Make sure you got services on the date(s) listed.
- **Description of services or supplies.** Make sure the services or supplies listed are the ones you received on those dates. Sometimes the descriptions are very general, have abbreviations, or include complex medical terms or billing codes. If you don't understand the listed service or supply, contact your provider or facility.
- **The costs of services or supplies.** When reviewing the charges on your bill, you'll see several different amounts that often include:
  - **Total charges:** The full price for the service(s) and/or item(s).
  - **Allowed amount:** The maximum amount a plan will pay for a covered health care service. The allowed amount may also be called "eligible expense," "payment allowance," or "negotiated rate." If your provider or facility is out of network and charges more than the plan's allowed amount, you may have to pay the difference. This is called "balance billing."
  - **Adjustments:** An amount your providers or facility subtract from the total charges because they have agreed to discount or charge a lower amount for that service.
  - **Insurance payment:** The amount your insurance paid or is expected to pay (if you have insurance), up to the allowed amount, after you pay your share of the cost.
  - **Patient payment:** Any amount you may have already paid to your provider or facility when you got the service or supply, like a copayment.
  - **Balance due/Patient responsibility:** The amount you still owe the provider or facility based on that bill, like a deductible or coinsurance.
- **How to pay the bill.** This is usually found at the very top or bottom of the bill, sometimes on a detachable payment slip. Look here to find the different ways to pay your bill (like mail or online) and who to pay.

Is a medical bill the same as an Explanation of Benefits?

No, a bill isn't the same as an Explanation of Benefits. If you have health insurance, an Explanation of Benefits is a notice you get from your health plan that shows the costs of your care. It includes the services you got and the date you got them, the amount your health plan agrees to pay, and the amount you owe, if anything.

You should get an Explanation of Benefits from your health plan **before** you get a medical bill from your provider's office (except for a copayment or coinsurance, which the provider or facility might ask for at the time you get your health care service). If you don't get an Explanation of Benefits, contact your health plan to make sure your provider's office or facility has sent them a claim for your service or supply.

What should I do with the Explanation of Benefits?

Review your Explanation of Benefits and check it for mistakes. When you get a bill from your provider or facility, compare it with the Explanation of Benefits to make sure you were billed for the correct services and supplies. Also, compare the amount on your medical bill to the amount the Explanation of Benefits says you owe to make sure the amount is correct.

Remember, you could get separate Explanation of Benefits for each type of service or supply you got, if you got services from more than one provider or facility, or if you got treatment on more than one day. Make sure you save these notices for your records. Only make payments after you get a bill from your provider or facility, and check to make sure that the services and amounts you owe are the same as those shown in your Explanation of Benefits.

What if I don't have health insurance?

If you don't have health insurance, or you have health insurance but don't plan to submit your claim to your health plan, you'll usually need to pay the full amount shown on the bill. Your provider or facility must give you a "good faith estimate" of expected charges before you get an item or service if you ask for one, or after you've scheduled an item or service at least 3 business days in advance. Be sure to keep the good faith estimate in a safe place so you can compare it to any bills you get later.

If you find that the amount you're billed for an item or service is $400 or more above the amount of the good faith estimate, you may be able to dispute the bill. Visit CMS.gov/nosurprises/consumers/medical-bill-disagreements-if-you-are-uninsured to learn more about billing disagreements.

Who should I contact with questions about my bill?

If you have questions about your medical bill, or you think there's an error on your bill or Explanation of Benefits, contact your provider or facility.

To learn more about the Explanation of Benefits, visit CMS.gov/files/document/11819-sample-explanation-benefits-508.pdf.

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