

I am a victim of balance billing. My husband presented to a in network hospital with a medical emergency. I work in the health care field in the insurance end and made certain that when selecting insurance that our closest hospital would be in network, and it was. My husband was treated in the emergency room, admitted and the following day required a minor surgery. As claims were billed and all covered, I was quite surprised when we received a bill from the hospital listing a doctor that had seen my husband and a balance of \$1008.00. I then checked my EOB and the total amount billed was \$1220.00, and my insurance paid \$200. I then called the insurance and was told I was being "back billed" for a provider that saw my husband on an emergent basis that was not in our network. I then called the hospital only to be told that it was up to my insurance to negotiate the payment but they would only consider 80%. After multiple calls back and forth my insurance did pay. However here are a few issues, thankfully I work with insurance and know how to fight and push back, what about the people that don't, and get bullied into paying large unnecessary bills. Then what about the hospital not adjusting the cost of the bill to reflect the in network rate. I really think that if a doctor is practicing in a specific hospital, they should have to "participate" with the insurances in network with the hospital. This is something that I am very passionate about. We pay a lot of money for good insurance coverage, and we should expect the coverage we are paying for and that the providers not abuse the charges.

Thank you for letting me share my story.

Regards,
Janice Riffer

