

We do need this, for sure. My husband and I have seen this on several occasions, and we watch our bills and EOBs carefully. I have always been able to prevail with our insurance companies (we are insured through FEHB), but this idea that you can go to an IN NETWORK hospital for treatment, and give them your insurance card, be approved for whatever is being done (this has happened countless times!), and then they send in OUT OF NETWORK providers in to see you—who send you a bill!! Ridiculous. (I have always imagined asking the anesthesiologist: “Are you IN NETWORK?” But they are so focused and quick that I forget to do it.) We have fought and won the point on all of those charges in the past, but legal protections at the state level are needed. I also recently had a similar case which was touch and go...similar, but slightly different, where I went to my in-network doctor (a urologist) and while at her office had a urine culture done. Since she always uses Excelsa labs for her cultures—so I thought—I didn’t think anything about it when she said she had to send this off for extra tests since there was blood in it; this has happened before with my old urologist. She had my insurance card and did not mention anything out of the ordinary. I did get a surprise EOB for \$324. Not covered at all by my Highmark HMO. In the end Highmark went to bat for me and called both the doctor’s office and the lab who agreed to waive the charge. If that hadn’t happened they would have pursued Member Held Harmless rules, but when the lab backed down, there was no need. (My deductible was paid and my in network charge for lab work would have been zero.)

Winifred Sherman

