After Surgery, Surprise $117,000 Medical Bill From Doctor He Didn’t Know

By ELISABETH ROSENTHAL

SEPT. 20, 2014  New York Times

Peter Drier was billed by an assistant surgeon he did not know was on his case.
Before his three-hour neck surgery for herniated disks in December, Peter Drier, 37, signed a pile of consent forms. A bank technology manager who had researched his insurance coverage, Mr. Drier was prepared when the bills started arriving: $56,000 from Lenox Hill Hospital in Manhattan, $4,300 from the anesthesiologist and even $133,000 from his orthopedist, who he knew would accept a fraction of that fee.

He was blindsided, though, by a bill of about $117,000 from an “assistant surgeon,” a Queens-based neurosurgeon whom Mr. Drier did not recall meeting.

“I thought I understood the risks,” Mr. Drier, who lives in New York City, said later. “But this was just so wrong — I had no choice and no negotiating power.”

In operating rooms and on hospital wards across the country, physicians and other health providers typically help one another in patient care. But in an increasingly common practice that some medical experts call drive-by doctoring, assistants, consultants and other hospital employees are charging patients or their insurers hefty fees. They may be called in when the need for them is questionable. And patients usually do not realize they have been involved or are charging until the bill arrives.

The practice increases revenue for physicians and other health care workers at a time when insurers are cutting down reimbursement for many services. The surprise charges can be especially significant because, as in Mr. Drier’s case, they may involve out-of-network providers who bill 20 to 40 times the usual local rates and often collect the full amount, or a substantial portion.
Peter Drier, a bank technology manager in New York City, was blindsided after neck surgery by a $117,000 bill from a doctor he did not recall meeting. Credit Joshua Bright for The New York Times

“The notion is you can make end runs around price controls by increasing the number of things you do and bill for,” said Dr. Darshak Sanghavi, a health policy expert at the Brookings Institution until recently. This contributes to the nation’s $2.8 trillion in annual health costs.

Insurers, saying the surprise charges have proliferated, have filed lawsuits challenging them. In recent years, unexpected out-of-network charges have become the top complaint to the New York State agency that regulates insurance companies. Multiple state health insurance commissioners have tried to limit patients’ liability, but lobbying by the health care industry sometimes stymies their efforts.

“This has gotten really bad, and it’s wrong,” said James J. Donelon, the Republican insurance commissioner of Louisiana. “But when you try to address it as a policy maker, you run into a hornet's nest of financial interests.”

In Mr. Drier’s case, the primary surgeon, Dr. Nathaniel L. Tindel, had said he would accept a negotiated fee determined through Mr. Drier’s insurance company, which ended up being about $6,200. (Mr. Drier had to pay $3,000 of that to meet his deductible.) But the assistant, Dr. Harrison T. Mu, was out of network and sent the $117,000 bill. Insurance experts say surgeons and assistants sometimes share proceeds from operations, but Dr. Tindel’s office says he and Dr. Mu do not. Dr. Mu’s office did not respond to requests for comment.
The phenomenon can take many forms. In some instances, a patient may be lying on a gurney in the emergency room or in a hospital bed, unaware that all of the people in white coats or scrubs who turn up at the bedside will charge for their services. At times, a fully trained physician is called in when a resident or a nurse, who would not charge, would have sufficed. Services that were once included in the daily hospital rate are now often provided by contractors, and even many emergency rooms are staffed by out-of-network physicians who bill separately.

Patricia Kaufman’s bills after a recent back operation at a Long Island hospital were rife with such charges, said her husband, Alan, who spent days sorting them out. Two plastic surgeons billed more than $250,000 to sew up the incision, a task done by a resident during previous operations for Ms. Kaufman’s chronic neurological condition.

In the days after the operation, “a parade of doctors came by saying, ‘How are you,’ and they could be out of network or in network,” Mr. Kaufman said. “And then you get their bills. Who called them? Who are they?”

Photo
Patricia Kaufman, at home in Highland Park, N.J., with her husband, Alan, was charged $250,000 by two plastic surgeons who sewed up an incision after her back surgery. Credit Matt Rainey for The New York Times

Doctors’ offices often pursue patients for payment. Ms. Kaufman’s insurer paid about $10,000 to the plastic surgeons, who then sent a bill for the remainder. The couple, of Highland Park, N.J., refused to pay.

When insurers intervene in a particular case, they say they have limited ability to fight back. Insurance examiners “are not in the room on the day of surgery to see the second surgeon walk into the room or why they were needed,” said Clare Krusing, a spokeswoman for America’s Health Insurance Plans, an industry group. And current laws do not require hospitals that join an insurance network to provide in-network doctors, labs or X-rays, for example.

**Out-of-Network Rates Drive Unexpected Medical Costs**

When out-of-network physicians perform hospital procedures, hefty charges can be added to medical bills. Insurers often pay the full amount or large portions, which provides an incentive for doctors to include out-of-network colleagues.
So sometimes insurers just pay — to protect their customers, they say — which encourages the practice. When Mr. Drier complained to his insurer, Anthem Blue Cross Blue Shield, that he should not have to pay the out-of-network assistant surgeon, Anthem agreed it was not his responsibility. Instead, the company cut a check to Dr. Mu for $116,862, the full amount.

**Unexpected Fees**

When Mr. Drier agreed to surgery in December, he was not in a good position to bargain or shop around. Several weeks earlier, he had woken up to excruciating pain in his upper back and numbness and weakness in two fingers of his left hand, which persisted. A scan showed that one of the disks that normally serve as cushions between vertebrae was herniated and pushing on a nerve. With a busy job and social life, he was living on painkillers.

**Video**
Peter Drier

“There was a chapter on here’s why you would need surgery for certain people, and mine was that case.”

Publish Date September 20, 2014.

The rate of spinal surgery in the United States is about twice that in Europe and Canada, and five times that in Britain, said Dr. Richard A. Deyo of Oregon Health and Science University, who studies international comparisons. Studies are limited but have generally concluded that after two years, patients who have surgery for disk problems do no better than those treated with painkillers and physical therapy — although the pain, which can be debilitating, resolves far more rapidly with surgery.

The United States has more neurosurgeons per capita than almost any other developed country, and they compete with orthopedists for spinal surgery. At the same time, Medicare and private insurers have reduced payments to surgeons. The average base salary for neurosurgeons decreased to $590,000 in 2014 from $630,000 in 2010, according to Merritt Hawkins, a physician staffing firm.

To counter that trend, some spinal surgeons have turned to consultants — including a Long Island company called Business Dynamics RCM and a
subsidiary, the Business of Spine — that offer advice on how to increase revenue through “innovative” coding, claim generation and collection services.

Some strategies used by surgeons, including billing large amounts for a second surgeon in the room or declaring an operation an emergency, raise serious questions. The indications for immediate spinal surgery, such as loss of bladder function or rapidly progressive paralysis, are rare. But insurers are more likely to reimburse a hospital or surgeon with whom they do not have a contract if a case is labeled an emergency.

Mark Sullivan, 46, of New Jersey, went to an emergency room last year with excruciating lower back pain and leg weakness. He was in the operating room less than 24 hours later. “The surgeon stood at the foot of my bed and said, ‘You need surgery; you won’t walk out of the hospital,’ ” he recalled.

Mr. Sullivan’s emergency admission made it easier for an out-of-network surgeon to perform the operation and bill $29,000. The insurer paid $9,500, and Mr. Sullivan paid about $580, as required by his plan. When the doctor’s billing office pursued Mr. Sullivan for the balance of the bill and even threatened to turn his account over to collection, he agreed to file an appeal with his insurer for additional payment, but he refused to pay more himself.

A Last-Minute Surprise

Mr. Drier’s concern about extra charges began even during his preoperative physical. The hospital sent his blood tests to an out-of-network lab and required him to have an echocardiogram (eventually billed for $950), even though he had no cardiac history. (The American Society of Echocardiography discourages such testing for patients with no known heart problems.)

His worries escalated as he lay prepped for the operating room on the morning of his surgery. A technician from a company called Intraoperative Monitoring Service L.L.C. asked him to sign a financial consent form, noting that the company did not accept Blue Cross Blue Shield plans, so he would be required to pay the bill himself. The monitoring had been ordered by his surgeon and is considered essential for the type of neurosurgery he was
having, to make sure delicate nerves are not damaged as they are manipulated.

“I demanded to know the price, and when he said he didn’t know, I made him call,” Mr. Drier recalled. When the technician said it would be $500 plus an hourly rate, Mr. Drier negotiated it down to $300.

In the operating room, he underwent a procedure called spinal fusion, in which the surgeons removed two herniated disks that were impinging on nerves, and inserted some bone graft as well as plates and screws to stabilize the spine. On his hospital bill, Mr. Drier noted charges for three implants, a total of about $10,400, as well as for two surgical screws billed at $2,470 and $3,990 — expensive for hardware, he thought, but his insurer paid the full amount.

The biggest surprise was the bill from Dr. Mu, the assistant surgeon. Fusions generally require a second trained pair of hands, but those can be provided by a resident or a neurosurgical nurse or physician assistant employed by the hospital, for whom there is no additional charge. The operative record for Mr. Drier’s surgery states that no qualified resident was available.

Dr. Mu is the chief of neurosurgery at Jamaica Hospital Medical Center in Queens, though he sometimes operates at other hospitals. According to a database that tracks hospital admissions in New York State, most operations he performs at Jamaica involve emergency surgery on Medicaid patients, often victims of trauma — a challenging but probably not very lucrative practice.

One insurer, Aetna, is in court with Dr. Mu’s private-practice group, NeuroAxis Neurosurgical Associates of Kew Gardens, Queens. NeuroAxis sued to recover higher payments for its out-of-network assistant surgeons; Aetna says the practice’s fees for those surgeons are excessive. J. Edward Neugebauer, chief litigation officer at Aetna, said the company had also sued an in-network neurosurgeon on Long Island who always called in an out-of-network partner to assist, resulting in huge charges. The surgeons shared a business address.

Photo
Insurers have gone to court with NeuroAxis Neurosurgical Associates, a private practice in Queens, over what they call excessive fees for surgical assistants. Credit Uli Seit for The New York Times

Surgeons from other specialties also team up: After Gunther Steinberg of Portola Valley, Calif., had a needle biopsy of an eye lesion in 2010, he discovered that his insurer had paid about $10,000 to the eye surgeon who performed the outpatient procedure and $10,700 to a second ophthalmologist in the room.

“The idea of having an assistant in the O.R. has become an opportunity to make up for surgical fees that have been slashed,” said Dr. Abeel A. Mangi, a professor of cardiac surgery at Yale, who said the practice had become commonplace. “There’s now a whole cadre of people out there who do not have meaningful appointments as attending surgeons, so they do assistant work.”

In Mr. Drier’s case, each surgeon billed for each step of the procedure. Dr. Tindel billed $74,000 for removing two disks and an additional $50,000 for placing the hardware that stabilized Mr. Drier’s spine. Dr. Mu billed $67,000 and $50,000 for those tasks.

If the surgery had been for a Medicare patient, the assistant would have been permitted to bill only 16 percent of the primary surgeon’s fee. With current Medicare rates, that would have been about $800, less than 1 percent of what Dr. Mu was paid.

**Visitors Who Bill**

Unexpected fees are routinely generated outside the operating room as well. On the wards, a dermatologist may be called in to examine a rash and
perform an expensive biopsy. The person in scrubs who walks a patient to a bathroom for the first time after hip surgery may turn out to be a physical therapist billing $400.

Mr. Sullivan, who had the emergency back surgery, discovered charges from more than 10 providers in the 48 hours after his operation. (The surgery involved simply trimming a herniated disk in his lower back.) He wrote to various doctors to dispute bills, saying, “I was admitted to Overlook Hospital from Nov. 26-27, 2013, and I have received numerous invoices for procedures that were never done, by physicians that never treated me.”

He was puzzled by $679 in occupational therapy charges involving the delivery of a device to help him put on his socks, which he never used. He was irate about charges from a group of hospital-based primary care physicians from Inpatient Medical Associates, who visited him briefly once a day and billed close to $1,000 in out-of-network costs.

Photo

Mark Sullivan, 46, of New Jersey, received a hospital bill that included charges for occupational therapy, which he did not realize had occurred.
Healthy surgical patients typically do not need a general doctor; an anesthesiologist clears them for surgery. Mr. Sullivan noted that if he had needed an internist, he would have called his own, who is in his insurance network and whose office is just down the block.

Dr. Mangi, the Yale cardiac surgeon, said hospitals often encouraged extra visits for both billing and legal reasons. He said he was required to request a physical therapy consult before each discharge, for example, even if he felt there was no need.

“You can cut fees, but institutions find ways” to make the money back, he said. “There’s been a mushrooming industry of mandatory consultants for services that neither doctors nor patients want.”

A Possible Remedy

For months, Mr. Drier stewed over what to do with the $117,000 check Anthem Blue Cross had sent him to pass on to Dr. Mu, refusing to sign over a payment he considered “outrageous and immoral.” He worried that such payments could drive up premiums at his employer.

In the past few years, some insurers have filed lawsuits and sought injunctions to prevent providers from going after their clients for payment of unexpected medical bills. Dr. Scott Breidbart, chief medical officer at Empire Blue Cross Blue Shield, part of the same parent company that covers Mr. Drier, said that it had not taken that route, but that in some situations it had refused to do further business with in-network surgeons who repeatedly called in out-of-network assistants.

A New York State law that will take effect in March — one of a few nationally — will offer some protection against many surprise charges and require more advance disclosure from doctors and hospitals on whether their services are covered by insurance. It states, for example, that patients are not responsible for unforeseen out-of-network charges beyond what they would have paid in-network. It directs insurers and hospitals to negotiate any further payment or enter mediation.

In many other countries, such as Australia — where, as in the United States, people often rely on private insurance — it is seen as a patient’s right to be informed of out-of-pocket costs before
Peter Drier

“I couldn’t beat the medical billing administrators that knew how to say the right things and never said anything wrong and knew the laws backwards.”

Publish Date September 20, 2014.

Mr. Drier tried to negotiate with the surgeons to divvy up the $117,000 payment in a way he believed was more fair; he liked Dr. Tindel and felt he was being underpaid. Mr. Drier’s idea, he wrote in an email, was to settle on “a reasonable fee for both the surgeon and assistant and return the rest of the check to the insurance company/employees” of his company.

But in July, he received a threatening letter from Dr. Mu’s lawyer noting that he had failed to forward the $117,000 check. So he sent it along, with regret.

For a continuing conversation about health care costs and pricing in the United States, please join our Facebook group, Paying Till It Hurts.
In her series on the costs of health care, Elisabeth Rosenthal examines the price of medical care in the United States.

- **PART 1: COLONOSCOPY** Colonoscopies Explain Why U.S. Leads the World in Health Expenditures

- **PART 2: PREGNANCY** American Way of Birth, Costliest in the World

- **PART 3: JOINT REPLACEMENT** In Need of a New Hip, but Priced Out of the U.S.
PART 5: E.R. VISIT As Hospital Prices Soar, a Stitch Tops $500

Go to the Full Series »

Have you experienced surprise medical charges that you learned of only when you received a bill or an insurance statement? Please share your story.

Once submitted, this information may be viewed by the other readers of NYTimes.com. Comments are moderated and generally will be posted if they are on-topic and not abusive. Comments FAQ »

930 reader responses

- Nancy Gleason Tacoma, WA, United States Insured

  I went to a catholic hospital emergency room because of symptoms that may have been a heart problem. I was there 6 hours while they took myriad tests, all administered by outside contractors, and when they wanted an MRI I refused and said I was leaving. I asked the last nurse who came in if my heart was okay. She said, "Yes, they can tell with a blood test if you are having heart problems." The bill was over $30,000 and Medicare paid the "contractors" full price. Despicable.

- Julie Ng Boston, United States Insured

  During college in Boston I went to the ER after getting food poisoning. I had pain in my stomach and and neck from constant throwing up. I received a $1200 bill for an IV to replace lost electrolytes and a shot
that stopped the gagging. I noticed ca. $100 was for a pregnancy test, which I never received. I just answered a question?! Student insurance only covered 25% so I ignored the rest until a collector settled for $200 a year later. Thank goodness I now live in another country with a proper health care system.

- **Joanne T.** Austin, United States Insured

Years ago, I scheduled in-office removal of a bone spur. To my great surprise, the day of the surgery, a doctor I had never met before showed up. My foot doctor said the other doc was just there to observe, cuz he wanted to learn about the procedure. And that is all he did--observe. Then he billed my insurance, which refused to pay. If BCBS had paid, I'd have been screaming bloody murder. Things like this contribute to the rise in health ins. premiums. Fortunately, I was totally awake, so I knew what was going on.

- **jon clep** worcester, United States Uninsured

My father had a heart attack in the living room. We rushed him to the hospital where doctors in the lobby pronounced him dead while he was sitting on the wheel chair. They wanted to keep him in the morgue but we wheeled him out and took him to a funeral home in our car. Two weeks later we received a bill for $21,000. I told them to charge it to my father and good luck to them reclaiming it from him.

- **June g** Boston, United States Insured

I had two laparoscopic surgeries six weeks apart. One was pre Obama care and the payments/final costs to me were reasonable. The second one, where I was not admitted, was much more expensive. Including a 17k unitemized bill exclusive of the surgeons' charges. The hospital sent me home with a pillow for a bumpy ride home. We call it the $17k pillow, but seriously...something needs to be done.

- **Carl H.** Hobart, United States Insured

I had a kidney stone attack four years ago. Having no health insurance, I endured three weeks of absolute hell until one night I couldn't stand it any longer and had my wife take me to the
emergency room. That resulted in a bill of $5400. $3000 of that bill was for a doctor who spoke to me literally no more than two minutes. That experience drove me out of the USA. In order to obtain health insurance for myself and my family, I had to take a job overseas. The USA is a failed state.

- **Joseph I** Plano, TX, United States Insured

My shoulder surgeon is in-net but insists on a surgical assistant that he says I may have to pay for. The first time, I refused to pay, as he was in net and did not disclose that his ass't wasn't. He ate the cost. The 2nd time, he was asking patients to sign that they knew the charge was coming. I signed, then asked his $ person to file the claim with my insurer. She had to register the assistant, but on the 3rd try, the insurer paid.

- **Steve M** Orlando, United States

Ive been a medical biller for 20 years and I know how all this works and I hate drive by doctors, which I call parasite care. One doctor did it to me when I had my heart attack. That doctor wrote he came in my room, I was in good spirits. Problem I was in the operating room having surgery at the same time. We need to fix this & stop it.

- **Deirdre Diamint** New York, United States Insured

I had out patient surgery at mount Sinai in ny. I was asked my name and my insurance at least three times before the surgery through scheduling. How did I get assigned an out of network anesthesiologist that billed me for $1300. How does that even happen?

- **Harry Blower** Leicester, United Kingdom Uninsured

Thank the Lord for the NHS!!!

- **Jean L** Alès, France Insured

No ; I had cardiac surgery last year for coronary bypass and valve replacement in a private clinic aand did'nt pay one penny !

- **Brian R** Williamsburg, KY, United States Insured
Yes! At the dentist office, I was told I have to paid $400 for a cosmetic job, and I was ok with that, and after I was done, with the anesthesia still in my mouth, the secretary told me: "I am afraid your insurance won't cover this, now your bill is $1400" well if I knew I won't do it, it wasn't something that really was bother me, and I saved the $400 now I owe $1000 for $12 an hour factory job is a lot

• **Ron T** Akron Ohio, United States Insured

  I've been hospitalized quite a few times in the last 20 years for diabetes related complications including three amputated toes.. There seems to be at least 3 or 4 strangers in my room each day asking how am I... Doctors but not mine... On one occasion I had to threaten a physical therapist to get him out f my room... They like to show up and try to do things with you and charge you...I had a wound center doctor enraged with me because I turned down a "therapeutic shoe" that resembled a torture device......

• **Donna Hoerig** Lodi, United States

  Had my surgery approved for out of network hospital only to receive a bill for the anesthesiologist, who apparently was not covered. I had to appeal and am waiting to see if it will be covered. I guess I was to "bite the bullet" and have major surgery without anesthesia.

• **J M** Wellesley MA, United States Insured

  My endocrinologist is at a Boston hospital. I wanted blood tests prior to my visit that we could talk about them at the visit and she agreed. I went to Newton Wellesley Hospital for the standard blood work and found a charge on the lab bill from a doctor I had never heard of. Seems that the doctor running the lab there attaches a charge in addition to the lab charge. The results were sent directly to my Boston doctor for evaluation, so the NW doctor had no involvement. I go to a different hospital now for blood work.

• **T Smith** Denver, United States Insured

  I used to work as a medical biller - in fact, for three years I worked for ProNerve, an intraoperative monitoring company. It would break my heart to insist patient's pay some of the prices it did. Still does,
because I knew that the doctor doing the billing was watching more cases than was legal. I knew that people were not informed of the cost of our service until after. Nobody knew exactly who we were or what we did. Insurance companies didn't want to pay us, and half of the time didn't feel our services were necessary.

- **Ron S.** Iowa, United States Insured

My wife and I had to have rabies shots after an encounter with a bat in our bedroom. I called my insurance company to see if we were covered for the injections and found we could only get treatment at the emergency room at the hospital. After three series of shots, the bills began to arrive for a total of $24,000 for both of us. The insurance company negotiated most of it away but we had to pay over $4,200 in deductibles. If we were able to go to our local clinic the cost would have been $250.

- **ed page** Rochester MI, United States

I’m waiting on a prostate reduction surgery and will ask questions raised in this article My wife had minor foot surgery and a year later got a $8200 bill from the hospital-they are out of control.

- **Gregg Soster** Columbus, United States

Just had a anterior cervical decompression. Received an additional bill from a doctor out of network in NYC. I live in Ohio, where the surgery was performed at Ohio State. The bill was for remote Neuro monitoring, I never met the doctor and it was a complete surprise to discover I was responsible for this uncovered service.

- **JohnnyE E** Bryan,tx, United States Insured

before my surgery I had to fill out lots of forms. One stated the hospital had staff assisting and they had no way of knowing if those assigned were in-network providers so i would be responsible for any charges not covered. I had no control over who worked on me except for the primary surgeon. I chose him because he was in-network after i had been nailed by out-of network charges because i had been referred to a different doctor earlier. When your doctor referees you to a specialist they don't notify you whether they accept your insurance.
• **Nancy B** Houston, United States Insured

Cut my head and butterfly closures would not help stop the bleeding. 4 hours later ended up in an emergency care clinic. Clinic fees covered as "in network, but suturing doctor was not. Stunning to realize that doctors working at such clinics are not in network. Solution get the health insurance that covers in network doctors etc. and out of network providers under the deductible, % of cost system. Providers don't carry "I am in network" placards. Hospitals and attending physicians can apparently call in whoever they play golf with to help with surgery. Single payer would fix this.

• **ted H** milltown, United States Uninsured

I was billed $700 by a lab I never heard of for a test I did not request and also learned this test cost $240 not $700. I let all involved immediately know in no uncertain terms that I would not be paying any of this bill and they should seek the crook who wished to know more about me than I wanted to know about myself. Ring their phones and give them hell till they apologize, never give up and NEVER pay.

• **Margaret Melville** Cedarburg, United States Insured

Yes. When our infant son was in a neo-natal nursery. Not long after he was home I received SIX separate doctor bills in the mail. Didn't know any of these individuals or what exactly they had done. Only that they were able to submit a bill. I think this is another travesty of our screwed up medical system in this country. Mind you, this was 20 years ago when this was taking place. So clearly it's being abused and continued quite successfully!!!!!

• **Richard S** Phialdelphia, United States Insured

I had bilateral knee replacement at Pennsylvania Hospital, supposedly one the best in the city. I received a bill for a surgical "assist" approximately 7 months after the surgery when I thought it had all been paid for. I simply ignored it and, to date, 2 1/2 yrs later there have been no repercussions.

• **Susan H** Jacksonville, United States Insured
I went to an orthopedist for a broken fifth metatarsal. A nurse wrapped an ace bandage around it. When I got the bill, they had charged me $700 for surgery. That doesn't even take into account the xray or doctor's visit-those were billed separately.

- **Ellen V** Washington DC, United States Insured

  My husband was admitted to an ICU in septic shock. He died two months later. I received bills from literally dozens of doctors, many of whom I had never met and had no idea who they were. The hospital and some doctors were in our network. Others were not and charges ranged widely. I told each of the out of network doctors that as we had never been informed of or agreed to their services I had no intention of paying anything beyond the insurance coverage. Despite some nasty correspondence, I didn't. They all backed off.

- **P D** Bound Brook, United States

  Once again, “assistant surgeon,” of whom I knew nothing about prior to surgery was not in my Insurance Network billed me for $58,000. I fought it for months and won. Got it cancelled, never paid him a penny. Don't give UP, fight it!

- **Cayce C** ATLANTA, United States Insured

  My husband and I both had the anesthesiologist out of network gouging. We were told everything was covered on our insurance for a colonoscopy and and endoscopy (which we had about a month apart). Surprise! We were charged $2,000 for one anesthesiologist and $1,500 for another one. My husband now needs to have a hernia repaired. We've been trying to find someone who will guarantee an in network anesthesiologist and no one will. They say some days they get them and other days they don't. It's the luck of the draw if you end up with a $2,000 bill.

- **Mary S** New York, United States

  Disclosure ahead of time will not fix this problem. All that will result from disclosure is more paper shoved at patients at the last moment, when there isn't much choice. Imagine telling the doctor to go home and come back tomorrow with an in network provider! Disclosure will
make things worse, as it will give the bill collectors more ammunition to collect. Only legislation will fix. Same story as others. Non-emergency, (but hardly "elective") surgery in a major NYC hospital. "No surprises, No problems" according to surgeon. bill came, Not just from the expected surgeon and anesthesiologist. I'm still fighting.

- **Melissa Gibson** TX, United States Insured

  I tried to ask about cost of emergency room care before my daughter was admitted for a knee abrasion/stitches. I was told at the front desk that it is illegal in Texas for hospital personnel to disclose information about the costs until after the treated. We received a bill from a doctor that poked his head in the room and told us that a PA would be by shortly. $1500 out of pocket for four stitches. Are we supposed to believe that medical costs are market driven, when laws and policies support the nondisclosure of costs?

- **Tracy Rapheal** Hillsdale, United States Insured

  I had emergency same-day surgery to repair a wrist fracture, during which my surgeon (authorized in advance by my healthcare plan) inserted a titanium plate and seven screws. When all was said and done, I received invoices from 2 additional (out of plan) surgeons! I was NEVER made aware of ANY OTHER surgeons being included in the procedure! Fortunately, my company provides us with the services provided by "HealthAdvocates", and they went to work sorting out the billing nightmare, and obtaining authorization from our insurer in order to compensate the "surprise" surgeons.

- **Jjim T** Boynton Beach, FL, United States Insured

  Insurers like to play this game, too. My treatment was approved by the insurer, but neither I nor the hospital was informed that the hospital was "out of network". I went to a large health system that was "in network", and billed this insurer all the time. But the insurer has begun to make individual insurance plans "in or out" of network for specific hospitals. Then they don't bother to tell this to the patient or the hospital which has been "carved out". Ergo, they don't have to pay. In my case it's on the order of $10,000.

- **Tony B** Northfield, MN, United States
No, I have not because I receive my major medical care at the Mayo Clinic which, thankfully, does not engage in these practices. All care at Mayo is done by their staff and only they bill.

- **Holly B** Arkansas, United States

  My daughter fell off a horse one weekend and had an x-ray on her tailbone. The doctor went over the x-ray with us and determined there was no fracture. A few months late we received a bill from a doctor who works in a different hospital in another STATE. He was called a "Team Leader". He probably glanced at our daughter's x-ray and charged us for the pleasure. I can't remember the exact cost for his un-necessary insight into the matter but it was certainly a few hundred dollars.

- **KL Swa** Washington, DC, United States Insured

  Yes, minor arthroscopic knee surgery at Georgetown Univ. Hosp., Dec. 2013. In-network teaching hospital (no longer under Gtown, now Medstar). Extra charges, sent to collections, ignored by their aggressive collections department. Fight continues as I stated I have no idea who this is once you put me under. Insurance co says Gtown should have gotten preauthorization. Who's correct here? Just a ridiculous ripoff in every sense. What if I were really sick like Mr. Drier.

- **Rebecca B.** OHIO, United States Insured

  When my husband had a hip replacement, we knew to peruse the itemized bill. Now, I was with him virtually every minute in the hospital. Imagine my surprise when there was a hefty charge for a hospitalist. I never saw one and my husband did not remember ever seeing one. I was aghast by the charges by the Physical Therapist-they walked him down the hall twice.

- **Leo Boudreau** Monson, United States Insured

  I checked into a doctor for my daughter and after a considerable amount of research found a psychologist was in network and could accept her as a patient. I had a large deductible insurance at the time and so paid the bills when they came in. The surprise was there were
2 bills for each visit, one of the doctor, the second for the room where the doctor saw my daughter. Come to find out, the room was out of network and had applied to a separate deductible. I'm now fighting it with the attorney general office.

- **Shannon D** Newark, United States Insured

  I'm facing Mr. Drier's dilemma on a smaller scale. My very well known gynocological oncologist had me set (another!) followup appointment, presumably to see how my healing was going and to check in on the surgical complication for which he referred me to a urologist. That appointment turns out to have been purely so that he could ask me whether I had arranged that follow up care. Never examined me, never even took my vitals. I'm sure my insurance will be charged hundreds, not to mention the inconvenience caused to my day. He couldn't have called the urologist??!

- **Carol Hoffman** PA, United States Insured

  In the emergency room, I had so many people come in and out, ask me to tell them what was wrong, then I never saw them again. I repeated the same symptoms at least half a dozen times. When I saw bills come in from so many different doctors, etc., I called my insurance company. Luckily, my ER co-pay covered anyone coming in to see me in the ER, as well as tests performed while in the ER. I did have some out of network billed, but insurance covered it all. It is such a ripoff

- **Michael P** Denver, United States Insured

  I incurred charges for an out of network anesthesiologist when everyone else, and the facility were in network. This was on the dental side of healthcare. I was not notified of this until after the procedure had been performed.

- **Jeffrey Gene K.** Monroe, United States Insured

  Unbeknownst to me, I incurred huge charges for out of network anesthesiology when everyone else and the facility were in network (and I'm a doc and former medical director). Also, I was recruited to cover a hospital's pediatric practice in northern NY. They made it
clear, however, that I was not to perform simple procedures for which I have considerable expertise (such as minor lacerations); such patients were to be referred to a hospital-based surgeon whose charges are many times mine.

- **Heather R.** Bound Brook, NJ, United States Insured

When my daughter was born, her pediatrician did not have attending privileges as the hospital, so she was seen by the hospitalist. I learnt, after receiving a bill from the hospital, that this care was not covered as part of the hospital care for her birth, and so my hospital care insurer, Empire BCBS, would not pay. The hospital's pediatrician was not in network with my medical provider, GHI, so I am paying the difference for her care. I also ended up paying out of pocket for all my prenatal ultrasounds because GHI does have in-network MFM specialists.

- **Elsa R** Kill Devil Hills, United States Insured

I had knee surgery. I asked about my fees, and was told $600. Then fees started to show up from the physicians office. Then from "medical suppliers". Then from the anesthesiologist. I had very little experience with hospitals, being only in my 20's, so had no clue that everything will be charged separately. You can't even get a proper price quote on your expenses anymore!

- **Chas S** Los Angeles, United States Insured

One of the remote monitoring services sent me a bill for $1800. I called and said that I wanted an invoice, signed by a responsible agent, that included the name of the physician(s) who did the work. They replied that the price was cut to $900. I refused and said I wanted to pay the whole thing, but not without an invoice. They threatened once, I gave them my attorney's name and email, and the bill was dropped.

- **MI S** Austin, United States Insured

Medicare refused to pay my recent bone scan. Their information states they will pay every 24 months (this was after 36 months and previously they DID pay). My provider says Medicare only pays if
there is a bad result but not for normal results (how do you know what the result will be?). After multiple attempts, the provider discounted the bill so that what my secondary insurance paid should zero out the bill.

- **Charles K.** Amherst, United States Insured

  I just visited a podiatrist for a burning heel tendon. I approached the appointment carefully, stretching and massaging for many weeks. I told this to the doctor. He then told me, "stretch it," nothing more, and billed me at $2000 per hour. He said his assistant would demo the stretching, but she handed me a copy machine silhouette of a man pushing on a wall, and disappeared. Selection for medical school is why this happens. It's about competitive aggression. When graduated, no fee shames them, their egos are so inflated. Change how doctors are chosen for medical school!

- **Linda S** Portland, United States Insured

  I broke my arm and had to have a cast put on it. At the time, I thought I was uninsured, then my dad called his insurance company and discovered that I was still on the plan. He gave the information to ER and the orthopedics. The ER had no problem, but the orthopedics billed the wrong insurance company somehow. They're still waiting on payment, and will continue to wait, because I'm not paying where I had coverage.

- **Gwen Sternberg** Hockley, United States Insured

  I had six disc fused in my lower spine due to multiple herniation's and severe nerve damage which had to be done in 3 separate surgeries due to the extent of the nerve damage. The first surgery, I was in the hospital for 5 days and they wanted to keep me for six, but I demanded to go home, because they never even came in the room and checked on me. They handed my husband the bed pan and left. The amount billed for just the hospital stay was $167,000.

- **Robert H** Brooklyn, NY, United States

  I have been hospitalized several times in the past few years, and am currently being treated for metastatic cancer. I long ago gave up even
trying to check the charges: there are too many of them and the majority are a mystery to me. I count on Medicare and my secondary insurer to knock down the charges and ensure that they are all legitimate before paying them. All I need to do is be sure the provider has submitted to both insurances first, before billing me for what's left. I think Medicare is doing a good job.

- **James T** San Francisco, United States Insured

  Look at the X ray at the top of this article. How do you get those plates and screws into the front of the spine? Through careful dissection through delicate vessels, missing key nerves that allow you to speak and then not hurting the spinal cord. The charges were excessive, the involvement of an additional skilled neurosurgeon seem reasonable. I'm sure Mr Drier would have been happy to sue for $20 million if there had been a complication instead. It's a broken system all around.

- **Lynn Bartlett** Flagstaff, United States Insured

  I had insurance for oxygen therapy. As it turned out, when I switched insurance (the affordable care act) I did not know that the one I selected was not "in network". That could have been dealt with earlier in the year but the oxygen provider waited 9 months to tell me. They now expect me to pay it all. I had a hardship agreement with them because of the co-pay was more than I could afford. I have no idea how this is going to play out. I sure know that I don't have $825 to pay it.

- **J S** New York, NY, United States Insured

  A month after my wife's c-section in a top NYC hospital we got a bill for $1,007 to cover the out-of-network assisting surgeon. We had not been told ahead of time that there would be an assisting surgeon at all, let alone whether they're be out of network. This was especially shocking given that both our OB and the hospital were in-network. We protested it with both and the situation is still not resolved.

- **Art Schwartz** New York, United States
My wife had torn her bicep and it was detached from the bone. During her initial exam the doctor who was examining her turned around and asked another doctor who just happen to be passing by if he agreed with his diagnosis. The doctor who was being asked didn't stop or slow down as he shook his head yes. We got a bill for $400 for that head shake.

- **Amy M** Colorado Springs, United States Insured

  In April of 2011, I underwent back surgery--discectomy and laminectomy on lumbar section my back. I received bills from the surgeon, hospital, anesthesiologist AND a bill from one of my surgeon's partners who had been present during the surgery. I was not informed prior to surgery that he would be present nor perform any procedures. When I asked my surgeon about this, he said he wanted him there.

- **Patsy G.** San Francisco, United States Insured

  Had a routine colonoscopy done as an outpatient. Approved by insurance, in-network provider used. Since it is considered preventive care, no charge to me supposedly. Oh but wait! Anesthesiology is a "separate" procedure and not "routine"....billed for that to the tune of over $400. Fought with insurance company and billing company until insurance paid for it. Ridiculous. As if being put under during a colonoscopy was not a routine part of the procedure. Argh.

- **James R** Cranbury, NJ, United States Insured

  I underwent cervical spine surgery by a surgeon who does not participate in ANY insurance plans. I was told (disingenuously, I think) prior to the surgery that they couldn't predict the charges in advance. The procedure was done in an ambulatory surgery center and I went home the same day. The primary surgeon billed $78,000, the assistant surgeon billed $86,000 and the surgery center (partly owned by the surgeon) billed $130,000. The surgeon was paid $63,000 by my insurance for less than 3 hours of work. The insurance company should not allow this outrageous abuse to go unchallenged.

- **Terry G** Atlantic City, United States Insured
My daughter was suffering from depression and on a new medication when unexpected symptoms arose in the middle of the night. I brought her to the only ER in our county that handles such things. She was there for about two hours, she spoke with a mental health professional, and had a urine test, and was sent home. The bill was $8,000.00. Including a charge from a doctor that we never saw. My health and welfare fund took 9 months to pay the contracted amount but by that time they had already put me through to collections.

- **Martha M** Massachusetts, United States Insured

  This has been going on a long time. I went to Mass. General for an office visit to get a second opinion from an oral surgeon. My insurance was billed for her services and again by the doctor I had first consulted, whose opinion I distrusted. A colleague of mine, a surgeon himself, told me to request the first doctor's notes regarding his consult with the second oral surgeon. I never got another bill for his work. Ask for the evidence of what they did!

- **David G** Victoria, United States Uninsured

  I took my wife in to the De Tar ER because of an asthma attack. They asked her if she had a tightness in her chest. People with an asthma attack always have a tightness in their chest. The treated her for her asthma but keep her on a gurney for 18 hours under observation as a heart patient. The bill was $42,000. No insurance. Got the bill lowered and financial help on the balance. 40,000 for observation. Thieves is all I can say.

- **Ann** New York, United States Insured

  I was admitted to the emergency room and then to the psych department when I got my meds mixed up. I had no control over what doctor was assigned to me in either ward, and was charged a large bill by an out of network doctor I didn't remember seeing (I was probably asleep). Fortunately my insurance paid but I still maxed my deductible.

- **Trevor J** Baton Rouge, United States
The medical facility for my herniated disc surgery required me to sign a document that would have me pay for a second doctor if the insurance company did not. I refused, then checked with my insurer about the issue. They told me they would only pay if the doctor was in-network and I made sure that he was before signing the commitment letter.

- **Dave G** New York, United States Insured

Have had this happen to me and other relatives and it's infuriating (whether or not the insurance pays initially). You go to an in-network hospital with an in-network physician, and you should be able to expect that your providers (and labs) are all at a negotiated rate (not the excessive rate that apparently satisfies "usual and customary"). The insurer should pre-agree with the hospital for the entire bill, and it should be the hospital's problem to deal with these extra charges...

- **Maria E** Kingston, United States Insured

When I gave birth to my son 9 years ago I got a bill from the anesthesiologist who administered my epidural. I was completely shocked by this - I had no control over when I was to give birth- how would I know that he was "out of network"? My OB/Gyn was in network....why was he different? My insurance company was of no help, either. I should have pushed them more but I was dealing with being a new mom, going back to work....I just paid the bill. It makes me angry just thinking about it!

- **David Kristensen** Philadelphia, United States Insured

I'm a hospital internist a "hospitalist". I sadly only recently learned of the problem. A friend, admitted and healthy for routine surgical procedure, had a "medicine" consult -- AFTER his procedure by the hospitalist. The procedure can be same day but the late start required staying. His insurance stated the consult doctor was out of network forcing him to pay the $500 for absolutely unneeded medical "services". I felt terrible not knowing that similar consults my hospital requests can financially hurt patients and try to refuse them but I might not bill enough to justify my salary then.

- **Amy Q** Yardley, United States Insured
I experienced this when I gave birth to my son 2 1/2 years ago. Unfortunately I went into labor two months early and my son was in the NICU for two weeks. The hospital I was in was in network and so were all the other providers. Unfortunately the neonatologists in the NICU were not in network and they billed us around $50,000. Thankfully Highmark BCBS of NJ was wonderful and took care of this bill for us. This practice of out-of-network physicians being associated with an in-network hospital should not be allowed.

- **Debra Rubins** Gainesville, United States Insured

I underwent Mohs surgery for skin cancer in Atlanta in 2007. The dermatologist asked me to walk across the hall to the surgical suite. As I was about to enter the suite, a clerk pushed a clipboard in my hands and asked me to sign, mentioning that the surgical suite was "out of network." My insurance paid the MD $7,000 for the surgery. I was billed another $7,000 for the surgical suite, also owned by the dermatologist but out of network! I refused to pay and accused the MD of bait and switch! He wrote it off.

- **Ben C.** Atlanta, United States

After a car wreck, as I was being loaded into an ambulance, I saw a second ambulance arrive. Later I received bills from two ambulance companies. When I told the second one that they had not transported me, they said, in effect, "oops, never mind". I was left with the impression that the ambulance company routinely billed for such non-service with the expectation that some patients would unthinkingly pay the fraudulent bill.

- **Katie D** Boston, United States Insured

Yes, when I had an emergency appendectomy, there was a some ER doctor who at some point spoke to me but he did not do anything else (diagnosis already was confirmed) - they were getting a room ready for me and I was waiting in the ER. Anyway, then I went to the OR and was operated on. Later I got a bill for this physician in the ER, who really did nothing, and apparently he was out of network. I complained and successfully got my Insurance to pay.

- **Russell W.** Ashland, Ky., United States
After heart surgery I began receiving bills 6 months after from a doctor I didn't know and had never met. I refused to pay and each following month I got another bill double the previous one. went to attorney who advised me to write asking a series of questions such as who referred him to me, exact date, what for, dates he saw me, etc. The bills stopped.

- **Mary F** NYC, United States Insured

  I had sinus surgery and assumed, incorrectly, that my surgeon's fee would be covered. She did not take my insurance, so I got a bill for $20K and insurance paid about $5K. If she had taken my insurance she would have gotten only about $4K. After much back and forth, she cut it from $20K to $10K. Luckily I had the money to pay and other fees were covered. I should have negotiated upfront.

- **Alan Smith** Cupertino, United States Insured

  I'm with Kaiser Permanente and experienced nanorobotic surgery in the mid-2000's that might have cost hundreds of thousands of dollars. I was billed a co-pay of $100 for each of these services: Ambulance and ER. I was also billed a co-pay of $200 for each day in the hospital. The major surgery should have hospitalized me for weeks, but thanks to a new nano-robotics technology, I was hospitalized for three days. My bill was $800 for a surgery that costed Kaiser up to 400x (maybe more) of that amount.

- **Phil B** NYC area, United States Insured

  My wife pulled a rotator cuff and spent the weekend in a hospital. No surgery necessary - she just wore a sling. The bill to the insurance company topped $30,000, for which we thought was beyond outrageous. Imagine no insurance? Six months later we got another bill for $10,000 for unspecified services. We asked for details and why insurance did not pick them up. They sent us large alpha-numeric codes which were nonsense to us. Eventually, they dropped the $10,000 bill. I could not believe what they were doing was legal - it was certainly immoral and unethical.

- **Chris K** Kansas City, United States Insured
My wife needed her gallbladder removed about 5 years ago. She picked an in-network surgeon, and an in-network hospital. Only later did we discover the anesthesiologist the hospital used was out-of-network. He turned us over to collections for over 5,000 in charges, which he never billed us directly for. And the collection company wouldn't even tell us any details or give us any ability to dispute the fees.

- **Susan H** Davis, United States Insured

  My policy covers 100% of preventive procedures, but after every mammogram, I received a bill for $200. Calling the provider (Woodland Healthcare) was no help; they gave me robotic answers like "We have determined the coding was correct." Finally my insurer (Anthem) sorted it out - they had paid the provider for the outsourced lab work, yet the provider was still billing me for it. This happened four years in a row so it was no accident. I switched providers.

- **M. S.** NYC, United States

  I had a colonoscopy that was performed in a center outside of the doctor's office. I received confirmation that that center was in-network but then received 2 bills of over $3,000 and $5,000 from a resident assistant doctor/anesthesiologist. I called the doctor's office and protested. From the insurance I found out that their membership in my insurance was pending. They would up not re-billing me - but I resent that they tried + that they try to get so much money from my insurance - driving rates up for all of us.

- **Susan S** Haverhill, United States

  I went in for my annual physical earlier this year. My doctor asked, "How are you?" and, since I hadn't seen her in a year, I told her about a couple issues I'd had. Months later, I got a bill for a co-pay for the visit. Since I wasn't supposed to be charged for that according to my insurance plan, I called and inquired what happened. I was told that because the doctor discussed medical issues with me, she was allowed to charge me for an office visit! I told all my friends about this and warned them.

- **Vic W** Cincinnati, United States Insured
Got a bill 6 months after gall bladder surgery with no explanation. It was only $200, but I hate being cheated. Surgical center refused to tell me what it was for, only said I had to talk to my insurance company. I refused to pay. That was not as bad as my friend, who got charged for services to her mother, continuing for 4 days AFTER her mother died. Added up to about $5000. They threatened to sue -- she told them to go ahead and try.

- **A Agarwal** new york, United States

  Don't know about the 117,000 bill. usually the assist fee is 20% of the primary surgeon fees. Often surgeries are complicated and need the help of assistant surgeons to try and avoid complications and do the best job one can. People have no problem suing for complications even when they are counseled complications can happen... A lot of times cost are high because we do things to protect us from lawsuit. Stop suing and cost will go down automatically and understand complications do happen. No physician wants to hurt a patient but things do happen.....

- **S P** Alexandria, United States Insured

  Last year I visited an ER with swelling and pain in my eye. I used this facility after contacting my insurer to verify coverage. A month later the statements started to arrive. While the facility costs were covered, the doctors contracted to operate this facility were not covered by my insurer. My bill was adjusted downward slightly and I paid the reduced amount. At no time was I informed that services were performed by medical personnel not covered by my insurance. I think this is a matter where legislation is needed to protect consumers.

- **Miriam L** Philadelphia, United States Insured

  I had a narcolepsy study done at my local hospital through the Pulmonology practice there. The hospital apparently handles all of the Pulmonology billing and the office couldn't tell me how much their procedure would be. The practice explained it as one procedure with an evening sleep study (mandatory) and a day time nap test (the actual procedure). I was billed for two separate procedures with two separate $1000 copays. They were coded separately and billed
separately even though I couldn't have the nap test without the sleep study. The office claimed to have no idea about billing.

- **Stephen R** Leesburg, VA, United States Insured

  I was recovering from a cardioversion. I doctor came in, asked how I felt (OK). Stayed there 2 minutes and sent me a bill for $365

- **Susan C** Albuquerque, United States

  My primary care physician used to charge my insurance $120 per visit, the same amount that my allergist used to and still does. About two years ago, my primary care doctor started charging $200 for the same type office visit. I only noticed it after finally paying close attention to my medicare statements and comparing the amounts.

- **Sam M** New York, United States Uninsured

  My father died in 1996 at the age of 96. During his last visit to the hospital where his broken hip was repaired, various doctors - unknown to anybody - formed a conga line outside his door. They charged each time they asked how he was doing. My dad died penniless and I refused to pay. This changed my view of these scam artists to this day.

- **Terry A** New York, United States

  I went to the ER at Beth Israel. I asked whether Beth Israel accepted the Blues. Yes, we do, they said. To my surprise, months later I received a bill of over $1000 from the ER doctor who DID NOT accept the Blues. Apparently, although the Beth Israel ER accepts the Blues, some ER docs DO NOT accept the Blues; at least, that was my experience. The Blues ultimately paid the bill because it was an emergency situation.

- **Michael F** McLean, VA, United States Insured

  We dealt with this when my youngest son was born 7 years ago. Both my wife's OBGYN and the hospital in our network. But neither the anesthesiologist, nor 2 other random doctors who "assisted" at some point were. In total their bills were quite significant (though thankfully
not 6 figures). I told them I had a contract with the hospital, her doctor and the insurance company. They could figure it out, or we would be in Court. I'm an attorney, once I sent a copy of the complaint I intended to file, they drop their claim.

- **Cherie S** Puyallup, United States Insured

  I went to the ER with a post-op infection, given 1 bag of fluids, and IV antibiotics and sent home. The RN that took care of me was my best friend (I am an RN also). When I got the bill, I noticed I was charged for 4 rounds Chemotherapy! I called my friend and asked her if they cured my imaginary cancer with that one visit, when I called the insurance company, they said not to worry about it because it was already paid! I told them, No wonder my rates are so darned high!

- **G G** Atlanta, United States Insured

  I was seen in the ER following a motor vehicle accident. The doctor billed for $1750 for a cursory examination that lasted about 3 minutes. Apparently he was "out-of-network," so he took the $250 the insurance company paid and billed me for the difference. He is still waiting for payment.

- **Lorraine Latorraca** Oakland CA, United States Insured

  In August, 2013, I had a lumpectomy to remove a breast tumor. Months later, I was billed for a pathology procedure for which my insurance company refused to pay. Specific information on the explanation of benefits is scarce, so I don't know what the procedure was or the reason for the denial. Obviously, I was under anesthetic during surgery & I had no control over the procedure or who performed it. I now have a $2,500 bill to pay. Thirteen months after surgery, and for what?

- **Peter & John K.S.** Harrison Mills, BC, Canada Insured

  Yes... before moving from the US to Canada. An emergency appendectomy, 8 years ago, performed by an in-network surgeon at an in-network hospital, was unknowingly attended by an "anesthesiologist's assistant" who was (wait for it) "not in network." They pursued us for 2 years trying to collect his $3,000. Things here
in BC are TOTALLY different. We pay $125/month for full family coverage... no deductibles, no co-pays, no surprises and awesome care. We get excellent, efficient care and pay only for eye care, the dentist and prescriptions (at modest prices). Scare tactics about socialized medicine are bull-ony.

- **CC L** Forest Hills, United States Insured

  My primary referred me to a doctor to check for occasional nose bleed. Doctor confirmed it was nothing major, just a thinned vessel caused by excessive sneezing. He did a very minor procedure which was basically "soldering" the vessel. Few months later a "surgery" charge of over $5,000 showed on my insurance statement. The whole "procedure" lasted less than 2 minutes, the whole doctor visit was 20 minutes at most. My insurance covered it but still wondering if I should have disputed it. Was that normal practice?

- **Elizabeth Landman** Lexington, MA., United States

  My son turned 50 this past year and was advised to have a routine colonoscopy. He checked that the doctor performing the procedure was in his insurance network. He was. The problem was that the endoscopist called in an anesthesiologist to administer anesthesia who was not in my son's network. For a few minutes work by the anesthesiologist, my son was billed $7000.

- **Patricia Arack** San Francisco CA, United States Insured

  I needed a cortisone shot for neck pain. It was abulatory, walk in and walk out. Took about 15 minutes, and I got a bill for $4,000. Since it was an accident, I had to pay upfront on a low teacher's salary, which was difficult. This of course is chump change compared to other stories about these drive by bills, but all of it is really exploitative and disgusting.

- **Courtney Hirschey** New Providence, United States Insured

  I delivered two babies at Overlook Hospital. The first (a C-sec) incurred unanticipated bills for anesthesiology and vaccinations (that would have been covered if billed by a provider instead of by an institution) totaling $6K, which took months of fighting to reduce. The
second (a VBAC) incurred no such fees. Bottom line is that $117K raises eyebrows, but every day people pay smaller sums rather than fight them and this is just the tip of the iceberg. Wish I had more comment words to write more because I'm still steamed, years later!

- **David A** New York, United States Insured

  A very common one: the gastroenterologist who did my colonoscopy was in network, and he told me an anesthesiologist would be there, but not who, and not whether they accepted my insurance. In fact, many anesthesiologists do not participate in networks because they are often ancillary to a procedure, but if it is done in an outpatient facility, they can bill whatever they see fit.

- **Anita Nolan** Chadds Ford, United States

  I am a 71-year old retired female on Medicare, and I have absolutely noticed a big increase in the number of providers that bill for a simple hospital or outpatient clinical procedure. For example, for any procedure requiring anesthesia, e.g., a colonoscopy or cataract surgery, Medicare has been billed by TWO anesthesiologists. In each case, Medicare has refused to pay one of them and, thus far, I have not been personally billed by the one that Medicare refused. But it did seem odd to me that two anesthesiologists would be required.

- **Robert Stynes** Sterling, United States Insured

  I took a trip through South America, Zimbabwe, and Australia. Was referred by my primary care physician to UMASS Medical Center for vaccinations. My Medicare and Medi Gap plans paid for the vaccinations. However, I was billed $235.00 for "counseling" that the insurance did not cover. I had a short meeting with a Nurse Practitioner. Had no problem paying this bill, because I am financially well off, but what about persons of limited means?

- **Jon M** Raleigh, United States Insured

  We went to an in-network emergency room for stitches for my son and found out later that the anesthesiologist was out-of-network. What a scam! How can a patient who drives out of his way to go to an in
network ER check whether every physician is part of the network as well.

- **Larry F.** Berkeley, United States Insured

  After my first daughter was born at Alta Bates Hospital in Berkeley, I received a grotesquely padded bill, with many thousands of dollars charged for fictitious items and services I demanded a review, and all charges above insurance coverage were dropped. When my second daughter was born there, I did not even look at the bill, but simply demanded a review. I never heard back from the hospital.

- **Leslie B.** Denver, United States

  I had surgery to remove my ovaries. No emergency, no complications. The bills from the hospital and the surgeon I came and those were paid. Then came the bill from the "assisting surgeon". Not a huge bill, about $1400. I was surprised but paid up. Another surprise was the description of the surgery on the bill - a hysterectomy, which was incorrect!

- **Will T** Calhoun, United States

  As a rural general surgeon in Georgia I have trouble getting another general surgeon to assist me with difficult cases such as colon resections and thyroidectomy, etc. Insurance payments here for first assistants are very low and often denied. I am sure there is abuse that can and should be stopped. Please give a balanced view. We are in the trenches, often doing very difficult work at night and on the weekends with minimal help and for little or no payment. These can be real life and death situations.

- **Thomas Killian** Madison NJ, United States Uninsured

  While recovering from surgery in hospital, one doctor would daily stick his head through the door to see if I was still breathing. Months after my release, I receive an invoice for pulmonary consultation visits, charged at a rate over $200 per "examination".

- **anonymous** new york, United States
Roll on March 2015 ... from these responses, it looks like anesthesiologists will have to tighten their belts. I was upcoded at Lenox Hill: $3600 for a post-biopsy mammogram and by "a" I mean a single picture, not the dozens that are typical of a screening one.

- **Cathy B. (ret. health program/planner)** New York, NY, United States Insured

  The Estimation of Benefits (EOB) sent by insurance companies, and Medicare (CMS) are so voluminous yet cryptic. It takes a research project to decipher who performed what and what the component procedures were (usually only a code is noted). Not to mention the "funny money" game that lists the "Usual & Customary Fee", which is neither, but is rather the highest markup "retail or rack rate", which no insurance company would actually ever pay, but it scares the daylights out of the poor patient, who take the bill seriously.

- **Elizabeth Connor** Washington, D.C., United States Insured

  My mother was billed for hospital visits by a cardiologist in Miami on the same days my sister saw the physician -- repeatedly -- at the Key West hospital where she was a nurse. We questioned the visits, as well as why a cardiologist was seeing a palliative care terminal lung cancer patient anyway. The physician removed the charges with no challenges.

- **Dana G** Orange County, United States

  Many years ago I had orthoscopic surgery on my jaw, well planned in advance, no emergency. I knew in advance what my co-pay was, what the surgeon charged and the out-patient center, no surprises or so I thought. Until I received a bill from the assistant surgeon my insurance didn't even authorize. I remember seeing several nurses and my Dr. in the operating room, no assistant. I refused to pay, the "assistant surgeon" didn't pursue collecting on his bill, good thing as I was prepared to fight that one, even better, I didn't have to.

- **K H** Bryn Mawr, PA, United States Insured

  I was hospitalized in 2010 with salmonella gastroenteritis. An early x-ray, taken in the emergency room, indicated the possible presence of
air in my chest cavity. Three surgeons consulted. The first I met once, when he introduced himself, and told me that it was his opinion I didn't need surgery. The second came every day with students, but only billed for the first day. The third came every day, gave no professional opinions, wouldn't leave when I asked her to (I was bathing) and charged me $250/day for her creepy presence. My insurance covered the cost of her visits.

- **Julie Woods** Dexter, MI, United States Insured

  Last Spring, I slipped and fell HARD on some ice. I went to the local ER, had a CAT scan done, and never saw a doctor. I saw only a PA! However, I was charged for this invisible doctor's services. Also. Years ago, I had "nerve wrap surgery" done on a previously injured wrist. What showed up on my bill, was that on the SAME DAY, I had nerve graft surgery, varicose vein surgery, and carpal tunnel surgery!!! I have never had a nerve graft, varicose veins, or carpal tunnel. Caveat emptor!

- **Diane B** Ames, United States Insured

  Doctor's who use out of network assistants on a regular basis must disclose this to patients who schedule surgery. It's unethical to spring this debt on unsuspecting patients. Insurance companies reject claims so vulnerable patients experience financial ruin. Doctors willing to exploit patients like this are unethical. Hospitals who allow or encourage out of network billing for scheduled operations are just as exploitive. This is a scandal. Transparency is possible in medical service industry. Let's demand it. Consumers are protected from deceptions in other industries. It's time such protections expanded to the medical industry.

- **Rebecca M** Bothell, United States Insured

  I am a chronic pain patient, and part of my contract with my doctor includes random urinalysis. My doctor's office is in network, so when I was asked for a urine sample I thought nothing of it. Later I discovered the urinalysis bill of $1600, as the lab was out of network. I didn't pay it, and no one came after me for it, but that was ridiculous.

- **Iain S** Eugene, OR, United States
When I had disc surgery several years ago. My insurance company paid the bills as I expected, but fully one year after all bills had been paid, I received an overdue notice from some surgeon I had never even heard of charging me for a "second surgeon" fee. My surgery was "routine" and non-emergency, nor were any other issues found. As in these previous stories, the surgeon was out of network and the insurance company refused to pay.

- **Tom J** Savannah, United States Insured

  I had a surprise billing from an anesthesiologist "participating" in a partial knee replacement post-op infection surgery last February. When I received the bill, I refused to pay it. I wrote up my story and sent it to the Office of Criminal Investigations at the HHS Inspector Generals office. They know how to deal with these characters.

- **Richard Noonan** Central Islip, NY, United States

  I was in local Good Sam Hospital for anemia & blood transfusion. I sat in hospital bed for 3 days giving blood samples once a day, after they screwed up delivery of blood test to ER. I had to refuse further cooperation with nurses to get an explanation of plan of treatment from the supervising physician. One specialist came in asked how I was doing and left his business card (later billing cost, $325 cheap). My insurer has since denied the course of treatment as unwarranted.

- **ZAW** Houston, United States Insured

  I'm looking at a Claim Detail from an insurer for my Son where everything is just listed as "OP Misc Services." Is this normal? I guess I shouldn't complain. Of the nearly $12,000 that was billed, our insurance covered all but $100. Still, though - it strikes me as strange.

- **Judy C** Boston, United States Insured

  Two relatively minor charges: A single urine test for bacteria was over $200 dollars, presumably because the lab was out-of-network. A palliative care/nursing facility warned me that the cost for an ambulance to a hospice facility for my husband would most likely be out-of-pocket. It was, as neither of the 2 hospice services involved would pay.
• **T. B.** San Francisco, United States

My husband had a colonoscopy. Because of earlier polyps, the surgeon told us he was sending tissue for biopsy. We got a bill for an out-of-network pathologist. After many many hours of phoning and declaring we were not informed, the charges were dropped. Sure opened our eyes.

• **Brandon MD** Kansas City, United States Insured

"At times, a fully trained physician is called in when a resident or a nurse, who would not charge, would have sufficed." Until a complication occurs, then these patients are the first to be upset their care was handled by an "intern" instead of a real doctor. Patients always want the best care, but then get upset when charged for having the best care?

• **Todd S.** Fort Lee, NJ, United States Insured

My child was hospitalized as a precurser to a psychiatric facility for depression. The primary and hospital accepted the insurance payments but I paid more than my insurer to a secondary doctor for nothing of value. Two well-funded groups: Insurance Companies vs. Providers, Patients are bankrupted without informed choice. Got an extra $117,000 lying around? Hippocratic oath... or Hippocritic oath? If doctors accept "X" dollars from an insurance company why do they need 100X from me? Maybe the solution is a law that allows non-network providers to charge no more than double what a the insurers pay.

• **Tom Black** Dallas, United States Insured

When my grandmother was dying from a stroke, the hospital, in violation of her and the family's instructions, prolonged her death for 29 days. During that time, a gynecologist "visited" this 84-year-old woman, and billed thousands of dollars for his visits. How convenient. After my grandmother's death, he tried to pursue my mother for payment. Fortunately, our family lawyer made it right. But that cost money too. 25 visits in 28 days by an OB/GYN for an 84-year-old woman with no brain function?
• **K Denver, United States**

In our state, there are legal protections against balance billing patients for out-of-network things they could not control, like drive-by doctoring and emergencies; the insurer usually ends up paying. Apparently, the latest abuse is that some doctors (anesthesiologists and radiologists especially) deliberately do not contract with payers and then drive-by and get full rates. Same with stand-alone ER's--the latest fad to attract reimbursement dollars. Some doctors maintain separate tax ID's, with one participating in payer networks (say, at a hospital) and a second one not participating (privately or in a consultancy). They drive-by using the private ID after hours.

• **G T Bluffton, United States**

My cardiologist needed an echo before a routine checkup. I had the test performed at the local hospital and sent to my cardiologist. Two years later, I received a bill (with a threat that it would be forwarded to debt collectors) from a Dr. I never met or heard of. I was told this Dr. "read" the echo before sending it to my cardiologist. Why would another cardiologist be required to evaluate the results when mine could? In addition, the bill was sent so late that neither insurance nor FLEX would cover it.

• **Lisa B San Francisco, United States**

I found out that my physical therapy following a broken wrist was billed not per visit, but per "therapy". So, when I was given the paraffin wax treatment before doing hand exercises (literally exactly the same thing that they give you at the nail salon), that was a line item. It was a couple hundred dollars. Absurd.

• **Doctor Pseudonym North Carolina, United States Insured**

I'm a surgical resident. This article reflects a broken system more than it represents corrupt people. Very little information is easily available to me or my attendings about in network vs out of network. Our focus is to ensure our patients get adequate treatment. Some surgeries require multiple surgeons. My attendings have access to me and other residents (cheap labor), but in private practice docs need to recruit assistant surgeons for big cases. I doubt the doctor
referenced in the article had any idea he was out of network. Patients get screwed, but target the system not the doctors.

- **Martin L** Pittstown, NJ, United States Insured

  Yes, I was in the emergency room, and I vaguely remember a Dr. spending 10 minutes at my bedside, a member of the staff I presumed. Then I got a bill from some outfit based out of Philadelphia of all places for his "services".

- **Edmund Smith** Andover, CT, United States

  Almost 20 years ago I was taken by ambulance to Windham Hospital in CT and received surgery for an L4-L5 herniated disc. Upon getting the bill, my family doctor who had had nothing to do with the surgery, had charged several hundred dollars for walking into my room while I was coming out of sedation, and looked at my chart. After a few weeks when I had recovered, I drove to his office and immediately demanded and got my personal health records, and found another doctor.

- **Laura G** San Francisco, United States Insured

  My daughter broke her arm yesterday. At urgent care, they put a splint on. Before they could fit the sling, I had to sign an agreement that if my insurance company did not cover the sling cost, I would pay for it. The nurse was required to get my signature. The agreement did not say what the sling would cost if I had to pay. My "choice" was to walk out of the office without the sling to keep my daughter's arm in the correct 90 degree position, or agree to pay a future unknown, nonnegotiable amount.

- **John Keller** Lincoln, United States Insured

  I visited an ER in Lincoln, NE, for severe back pain two weeks ago. History of kidney stones, possible sprained back muscle. No comprehensive med history was done, the PA diagnosed it as a possible aortic aneurysm and ordered MRT, CT, Labs, and X-ray. 12 hours later, still in pain, I finally saw a doctor. Not an aneurysm and I had to ask for an anti-spasmodic prescription, which he gave w/o
question. I left with script in hand and a $9,983.11 bill (first of several to come) and no real diagnosis.

- **Peter V** Tampa, FL, United States Insured

  I had virtually the same surgery done. 2 discs removed, and titanium hardware added. $153,681 billed to insurance. My $9000 yearly out of pocket. Insurance isn't covering $45,113. $109,277 was for pre-op blood tests. There are bills from all kinds of people I never heard of, for things that weren't done. I appreciate the fact that I can walk normally now. Before surgery, I could barely walk. I don't appreciate being a pawn in the game between doctors and insurance companies.

- **Denise C** Pittsburgh, United States Insured

  My husband had recent kidney surgery which went well. However, his PCP who is never available for an office visit when he needs him; has no problem showing up at his bedside 3-4 times in during a 5-day hospital stay, ordering tests, recommending visits from specialists, ordering take-home oxygen, meds that are unnecessary...I could go on and on. And of course bills for his visits and then we are billed by a cardiologist, pulmonary specialist, etc. Our healthcare system is seriously flawed and change needs to start with the doctors' shady tactics.

- **Brenda C** Princeton, United States

  Recently, my son was ill- he turned pale gray, his lips turned blue and he dropped to the ground, confused. We called 911 and our local paramedics arrived. He was rushed the hospital. Right being the ambulance he and I were riding in was ANOTHER ambulance - filled with cardiac specialists. They never touched my son nor did they even see him, but we were still charged in excess of $2,300 for the "services." My son, who was dehydrated from the flu, came home after a few hours on IV fluid. We successfully challenges the charges.

- **Anonymous** Boulder, CO, United States

  Yes. I was hospitalized with a gastrointestinal ailment for 3 days while on travel last december. I mailed all the bills to my insurance
company, which seemed to get paid... or so I thought. In September I
get a NEW bill for ~$1000, no explanation. The AMA needs to step
up here and admit that vague and excessive billing itself is a serious
health problem, and a VIOLATION of the hippocratic oath. Many of us
who DO have health insurance feel terrorized by the billing system,
and avoid needed health care because of the consequences.

- **Joan S.** Manhattan, United States Insured

  I had gallbladder surgery and kidney cyst removal; my second night
in the room a resident told me I had to leave the hospital that night,
and to get out of bed immediately. I said I had not had the bowel
movement required before discharge I went home the following
morning at 11. am. The hospital bill showed that I had been billed for
use of the ICU for that last night, $1,000 more than a regular room.
Efforts to dispute it got nowhere. Since when does an ICU patient
leave the hospital the following day?

- **Peter Joseph** Brooklyn, United States Insured

  I had the identical experience with Dr. Tindel. After months of
runaround by his office, my insurance company made extra charges
disappear in five minutes. Now I question every bill I receive. A
similar problem happened with an oral surgeon. I knew going in that
my surgery would exceed my benefits allowance, and I also knew the
cost. They were very diligent about collecting after each visit, so by
the last visit I was paid in full. Then I received a bill for twice what I
already paid for things never done and overcharges. Their response:
"everyone does it."

- **Lucy Raubertas** Brooklyn, United States

  yes, because of a wrong coding on a first visit to a doctor, I was billed
at an inflated rate for the doctor's visit and blood tests, which should
have been covered completely as preventative care. The 1400 ended
up being applied to my deductible, but no one even after several
months would respond to fix the mistake, they wanted that money.

- **D.C. Harris** Plainfield, NJ, United States Insured
When I was a child, a cardiologist who spent less than 10 minutes with me in the room sent my parents a $40,000 bill for his services. This was in the 80s, but for years they hounded us before my parents finally borrowed against the house to pay him. It was a scam.

- **Renee Aubuchon** South San Francisco, United States Insured

When I was admitted to the hospital for a month for complications from gall bladder surgery I found out that the physician who saw me in the ER was a contract doctor and not covered by my insurance. There were also physicians, called "hospitalists" who came in every day for two minutes or less to say hello. They were charging $100 dollars every time they came into my room and offered their greeting. I stopped the march of hospitalists into my room and did not pay for their useless visits.

- **J W** New York, United States Insured

I am a surgeon and have been a patient. This has happened to me twice when I have needed surgery. It is detestable. That there are so many stories of egregious fraud by physicians, hospitals, or networks is deplorable. This kind of practice should not, it MUST NOT be tolerated. I can only offer reassurance to those who have been through the wringer on this and similar matters that there are those of us who work hard and love every moment of our work without seeking to rob those whom we serve so blindly. Keep asking the tough questions.

- **Fanny Spiegel** Sterling, United States

I was bitten by sand flies on my ankles. was itching a lot on my ankles on the plane, so I wetted a little a small paper napkin and put it on my ankles. By the time I landed at 1 a.m. I had many large blisters and itching unbearably. Went to emergency room immediately. A resident came, took one look for 1 minute and told me he didn't know what to do or what it was and that I should see a dermatologist the next day. The charge for 1 minute was $450!

- **Rits K** Chicago, United States
Yes, happened to me during a hernia surgery. Doctor brought in a
doctor he was training while I was knocked out & he billed. The
insurance refused to pay because the "extra" surgeon wasn't pre-
approved or required (& couldn't have been). It was turned over to a
collection agency & I told them don't bother calling me again, I'm
never paying this. Let's go to court, but I'll call a few reporters and
congress people (back when they actually worked) first. Never heard
from them again. I refused to pay

- **Nancy S** Dallas, United States

AARP had done its usual good job of education several years ago
when they made the case for Patients to ALWAYS hand write in on
the Consent Form: "I am NOT responsible for Providers' billings who
are NOT in my Network." Just had knee replacement surgery and
wrote that in as usual, keeping a copy too. Ounce of prevention is
worth a pound of Cure!

- **Tim D** Atlanta, United States

The chicanery isn't restricted to hospitals. My cardiologist ordered me
to wear a heart monitor on two separate occasions this past
spring/summer. The first time, they gave me the heart monitor at the
doctors office. The second time, they had it shipped to my home. It
came from a different company, which billed me later for $7,000--for a
heart monitor I wore for two weeks. I refused to pay, and my insurer,
the doctor's office, and the heart monitor company are duking it out.
I'm as conservative as it gets, but something has to be done about
this greed.

- **Elliot Sacknoff** Staten Island, United States Insured

Years ago, My wife had an operation to remove a cancerous ovary. a
day or two after the operation, A doctor came to my wife's room and
said good morning and asked how she was feeling. He left a minute
later. Later, she was billed $450.00 for a consultation. She refused to
pay it and told the insurance company not to pay it either. The office
called her, confused, asking why. They said this was done all the
time. My wife said, "Not this time." Eventually, they stopped trying to
bill us after four months.
• **Steven B** Cherry Hill, United States Insured

Yes, my wife had gastric and we had to run though a a load of paperwork to get insurance approval. But on the day of surgery an out of network anesthesiologist from the hospitals 'rotation' was there and we had no knowledge he was out of network until we started getting the bills. In the end after lots of credit hassles and no assistance from our insurance company we payed a 3rd party dept collector many thousands.

• **Patricia M.** Beverly Hills, United States

Yes. Last year after a visit to my former Podiatrist, I received notice from Blue Cross that they did not pay an $1,100 bill. When I was examined on a regular office visit, a man in a white coat came into the room and stood against the wall. The man nor the doctor said anything, but I was billed $1,050 for this man's services. I refused to pay, and I sent Blue Cross a copy of my letter to the Doctor, to inform them of this fraud. I also found another Podiatrist.

• **Yolanda P.** New York, United States

My 90 year old father was taken to the hospital for a month. Five different doctors saw him 28 times out of those 28 times, not one doctor has given me, his daughter, any diagnoses or reason for all the visits. He has been billed $4,500+. This is the amount that Medicare is not paying. The emergency room visit was $250. There is a bill for $1,190. and $900. Each time I call the hospital for an explanation they give me a different number to call and nothing gets accomplished.

• **Gene G** Iowa, United States Insured

I had an expensive blood panel done a few months ago. It turned out the doctor who ordered it had a colleague evaluate the levels - and I was billed several hundred dollars more than expected. Surprise!

• **V Y** St. Helena, United States

When my sister was in the hospital after giving birth someone asked her if she would like to do some exercises in bed. She assumed it
was a nurse. Later, she got a $500 bill from a physical therapist who spent 5 minutes showing her how to stretch her legs.

- **Kent T** Ontario, United States Insured

  I'am an occupational therapist at rural based hospital. Your readership needs to be aware that most patients who are hospitalized are billed under DRGs according to Medicare regs under which the hospital receives a set amount of money for each diagnosis that they treat. So, 2 things: One, your rehabilitation including OT, PT and Speech therapy (if needed) are paid for already under your DRG. Second, most rehab specialists are already over worked but must respond to whatever the MD orders for the patients. So, talk to your MD 1st if you do not want a particular service.

- **clive boulton** mount vernon, United States Insured

  Some hospital billing depts play a game of stringing patients along for 6-12 months till medical coder billing mistakes cannot be contested through the complaint system. After complaint expiration the bill is automatically overdue and goes to collection. The medical encoding system is another layer run amok.

- **Anonymous Anonymous** Rather not say, United States Insured

  I had this happen to me. An assistant doctor that I never even met sent me a bill 3 months after my cholecystectomy. He was not in network, although my doctor was. I complained to my doctor's office, my insurance provider and the billing doctor's office and after about 6 wks they gave up. The bill was for $2400.00.

- **D T** Berkeley, United States Insured

  "Instead, the company cut a check to Dr. Mu for $116,862, the full amount." In essence, rewarding racketeering. In any case, a few charges I received from my two recent trips to the ER were a surprise. In one case, after a concussion, I received a bill from a doctor I did not remember at all -- apparently he did check in at one point with the guy who was investigation the severity of my concussion. It came out to less than $500, however, so I considered myself lucky.
• **Gary Horne** Sulphur Springs, Tx, United States Insured

I had bilateral hip surgery and was bill by a second surgeon I didn't know about before the surgery. My insurance denied payment and I didn't pay either. It took several months of arguing back and forth until the doctor finally withdrew his claim.

• **Jenny Sim** Holbrook, United States Insured

I have chronic sinusitis for a long time. I went to Doctor's office for endoscopy and he insist it is allergy instead of infection. There are a lot of report on TV about the wrong diagnosis of allergy which in fact is infection or secondary infection. When I receive the bill it is more than $500. What I can do? The doctor gave the wrong diagnosis and did not do anything to my disease. I have to give him more than $500. It is simply wrong. The doctors do not even follow the TV news.

• **C A** Milwaukee, United States Insured

One issue not explored by this article is that residents are not always available. Work hours have limited what they can do and the number of residents have not increased to compensate. In many surgeries, 2 sets of hands are needed. So a second physician may be the only option. (They don't have to be out of network, though)

• **Kathryn B** Florence OR, United States Insured

A "consulting physician" whom I had never met or heard of prior to the procedure stood in during my hysterectomy in Kona, Hawaii. I realize that she was also an OB-GYN in the same community, although not my doctor's practice. I did not question this because the insurance paid, but found it surprising. Also, I believe it was an uneventful/routine surgery that really didn't require extra helpers.

• **Sunil J** Sugar Land, United States

I had knee surgery to remove a meniscus, and I tried to ensure that all providers were in-network prior to the surgery. But the only anesthesia team the hospital used was out-of-network, and on top of that they insisted they had a protocol that required the anesthesiologist and an assistant to be in the room, and billed equally
for both. My insurance company talked to them and they reduced the bill to an in-network fee, which I paid. Aetna stood up for me in this case, but the whole medical billing system needs an overhaul to prevent this abuse.

- **k gb, United States**

  The insurance industry routinely sends out a bill prior to your insurance payment being figured. That way if you pay it they don't have to and even though you are covered they do not send you a refund unless you inquire. It's crooked but the entire operation is a shell game.

- **R G Vancouver, Canada Insured**

  No. Here in Canada my family is covered under MSP, which insures medically-required services provided by physicians and supplementary health care practitioners, laboratory services and diagnostic procedures. My son was born in Women's Hospital here in Vancouver, where he and I had to both stay for 5 days for his jaundice. I was covered under MSP and received no "bill". The American experience of health care is quite frankly, astounding, and hard to believe this is kind of convoluted billing is legally allowed to happen to American citizens. What a terrible healthcare system and infrastructure.

- **L Kam Fairbanks, United States Insured**

  In the San Francisco General emergency room, while a doctor worked on me, several other doctors and technicians came in and observed. Some commented, most just watched. I received a bill from every one of them totaling $32,000.

- **Chuck K Phoenix, United States**

  14 months after surgery I received a bill from an anesthesiologist. The insurer stated that claims must be presented within 90 of the surgery and they refused to pay. On the same grounds I also refused to pay. Their office threatened to ruin my credit rating among other threats. A letter from my attorney caused them to desist.
• **Kay D** San Diego, United States Insured

Yes, I have been caught in this nightmare too. Labs, radiologists, anaesthesiologists - all of these can be "out of network" even though the hospital and primary doctor or surgeon are in-network. Even all drugged up, throwing up and in pain from a craniotomy, I found myself asking lab techs, visiting doctors, x-ray techs and others "are you a member of United Health Care Choice Plus Insurance Network?" Such a ridiculous situation!

• **Carrie Barreiro** New York, United States Insured

While in labor with my second child the heart monitors could not find my daughters rate so they started paging a doctor to my room. A strange doctor walked in but my doctor walked in past him and proceeded to handle my delivery. A few months later I received a $600 bill from a doctor unknown to me. Their billing office said that this doctor had responded to my emergency, but did not aide in the delivery, only walked into my room and back out. I refused to pay. I can not understand how this is legal or ethical.

• **Faith F** Clearwater, United States Insured

I had driven myself to the ER for possible kidney stones. I was diagnosed with such. I have insurance and had paid my copay for the visits which was only 45$. Weeks after I received an additional bill of 267$ for an "out of network doctors group". I called the billing department and they explained that I was required to pay the doctors bill which is separate. If I had known that they were "out of network" I wouldn't have gone there.

• **Anna M** Bangor, United States Insured

I was surprised by the fees charged... Two? Three? years ago, I was digging out an old leaf pile, got 10-12 yellow jacket stings. Silly me, same thing next weekend, but 15-20 stings, with some swelling IN MY ARM. I called Anthem's Nurse First line... hmm, swelling, go to ER. I called my MD's office, got the on-call doc... hmm, I don't know you, swelling, go to ER. I went to the ER. The doctor there told me to go to CVS and get some Benadryl. Charge: $780.
• **Mike R** Jackson, United States Insured

This is insane. I believe this is what is killing medicine. I am a spinal surgeon in another state, and this article opened my eyes. I would sent to the national groups for comment on appropriate care, The American Academy of Orthopedic Surgeons, The American Association of Neurological Surgeons, The North American Spine Society. Let them comment and see if they can justify this. We need to get our own house in order. What does the state medical society think.

• **J F** Columbus, OH, United States Insured

My wife had a gall bladder attack. She was admitted via the emergency room and scheduled for surgery the next day, by the E.R. doctor. I verified the doctor was "in-network," but I was later billed several thousand dollars when the insurance company ruled out-of-network. The doctor had billed as a member of a practice that was not in-network, even though as an individual, he was in the insurance company’s network.

• **Ken Kobland** New York, United States Insured

A bad fall, a head injury and torn ear. In the ER was sown up by resident on duty. When nearly done he called over a surgeon who was there at the time, who did the last stitches. Later a bill for $28,000, the surgeon, out-of-network, claimed an expanded procedure (skin transplant, which wasn't done). The insurance company refused to pay. He complained to me. I requested the Hospital’s medical records and spoke with his secretary, who said “he has to do this because people don't pay anything!!!” Does the system create the criminals? Or it is vice-versa?

• **Linda Yurek** Elk Grove Village, United States

My brother-in-law stayed with us in 2005 while undergoing treatment for lung cancer. He asked me to handle his bills. after a few months his roommate & I noticed he was getting a bill for $10 every month and we had no idea who the dr was. When I asked for information from the dr office before I paid him another cent, all bills stopped.
• **Sam K** Wyoming, Armenia

My one month old daughter was in hospital for a week with breathing problems, performing every test under the sun. We received a large bill from many doctors, some of whom we had no recollection of ever seeing or speaking with. The doctor in charge would not release her until our pediatrician called him repeatedly and convinced him that our daughter had a cold. Two years later, we have paid off the bill which drove us further into debt by requiring us to utilize credit cards for necessities. The medical industrial complex is killing us.

• **Linda F** Hemet, United States Insured

When my gall bladder was removed the hospital tried to charge me for 2 extra days of IV fluids- the day I left and was disconnected from IV's at 7 am and food for the day I was discharged that I did not eat because I wasn't there. I like Kaiser and unfortunately am now with private providers because we moved. So far the insurance co is micromanaging everything- but that may be because of these out-of-network charges.

• **Rich Forrest** Delray Beach, FL, United States Insured

I fell off a ladder and twisted my ankle. I had no insurance. I went to the emergency room, and they said it would be "$500.00 for everything, including X-rays" which was great. While I was in the exam room, a doctor walked in, said hello and 'It looks like you sprained it" and left. He sent me a bill for $650 for a consultation. I complained to the hospital and they told me I had to take it up with the doctor, who refused to negotiate and threatened to send it to collection.

• **Joe S** Minnesota, United States

I am a physician, previously a for sure Democrat but becoming more Republican as Obama continues his term. Most Doctors are hard working, honest, trying to do the right thing. This is completely wrong and a total scam, of course Obamacare does nothing to fix or help this. Needless to say they charge crazy amounts and it gets wacked down by insurance, there is no call for bringing in people who are not
on your plan. The other surgeon should be called on to explain why they brought them in; lawyers needed!

- **S K** Wyoming, United States Insured

  My one month old daughter spent a week in the hospital with breathing problems. They performed every test under the sun. We received billings from doctors we had no recollection of. The doctor in charge would not release her until our pediatrician called him repeatedly to convince him that she had a cold. We were driven further into debt by needing credit cards for necessities while making payments to the hospital. The medical industrial complex is killing us.

- **Stewart A** New York, United States Insured

  In Scotland, my son recently required surgery for his forefinger nerve that he cut with a knife. Two surgeons, two nurses, one night in hospital. No bill. No charge. They would have paid for his taxi to the ER if he had saved the receipt.

- **Celso Morrison** Huntington Beach, United States Insured

  Yes. For a knee arthroscope. Insurance declined the "assisting surgeon fee." I declined for lack of "informed consent." I took this issue to county medical association. Fees were dropped.

- **Liz W.** Scottsdale, United States

  My surgeon arranged for an out of network anesthesiologist. I was unaware of this. I was then billed $1000 which I had to pay before my insurance would cover it (I negotiated with them to have them pay the out of network charge.) I was unaware that the anesthesiologist was out of network, or even what that meant. I am sure that I ask this question now.

- **Robert Williamson, Esquire** Media, PA, United States Insured

  About 15 years ago, I had a routine in-office colonoscopy using an undisclosed out of network nurse-anesthetist, a PA Unfair Trade Practices Act violation by the surgeon (BC would have covered in-network nurse. The surgeon paid the bill. Lesson: Consult a

- **Laura H** Indianapolis, United States Insured

  Was told I needed a pelvic ultrasound b/c internist felt something in my lower abdomen. The hospital called and told me my out of pocket would be $500. I agreed and had the test. Thank goodness there was no mass, but when I received the bill it was $1,450.00. I called the hospital to complain and they told me the internist coded the ultrasound wrong and they needed additional views, hence the added expense. Since I only agreed to pay the $500, the hospital wrote off the rest. Thank goodness I called!

- **Laura C.** Dallas, United States

  My father had a heart attack when visiting us in our Italian home. Emergency ambulance was there in 7 minutes from our call, and he had prompt, accurate and up-to-date care in cardiac ICU for 5 days, plus four stents (spaced out over 3 days) plus care for his diabetes, then another 4 days in regular hospital. It was not fancy and he didn't have a room by himself, but care was excellent. Price? 9,000 euros. And my Italian friends were shocked "it cost so much!" So much for the "horrible Socialized Medicine!" Saved my Dad's life!

- **Patricia B** New York, United States

  yes. I am uninsured and went to the South Troy Health and Oncall Center in Troy, NY while visiting my mother with symptoms of a UTI. I was diagnosed in the office & given a prescription. 3 weeks later a $274 bill arrived for an additional "diagnostic" test to determine...what? the diagnosis had been made in office. the doc, who knew the insurance situation, neither asked or informed me that he was sending a specimen for additional tests. Results of the test were never sent - only the bill. I am contesting the bill currently.

- **Mark G** Norwalk CT, United States Insured
Yes twice and I have fought back successfully. I am an attorney and when my insurance declined to cover certain charges as being more than customary, I challenged the bill. Eventually the hospital sent the bill to a collection agency and I fought back on the grounds that the hospital's charges were undisclosed and that, according to my insurer which maintains an extensive database of charges, the charges were excessive. The solution to these situations is for hospitals, physicians, and surgeons to post their fees or otherwise disclose their expected charges.

- **Anonymous** Chicago, United States

  I - or rather, my insurance company - was billed an additional $200 for "OR time" for the removal of a Mirena IUD that was done in less than two minutes by a medical student supervised by a nurse practitioner. When I questioned the additional charge of OR time - as this short procedure happened in a blink while in the stirrups of a regular exam room - I was told it was for the sterile equipment needed for the procedure. Couldn't this be clearly itemized on the statement? I'm tempted to pull the strings myself next time.

- **Ron M** Las Vegas, United States

  Most doctors are ethical but there are plenty who are hungry and could care less about what they are charging. Although we are on Medicare I questioned every doctor who stopped by the hospital room after my wife had her stroke. Being a CPA I was tough on these guys and questioned these in detail. One guy said he was too busy to answer my questions. I told the guy he was going to get an ethics complaint with the state medical board. You have to stand up for your rights with some doctors.

- **Cold Liberal** Minnesota, United States Insured

  I am a physician and can categorically state that these people are crooks. How do they justify a > $100,000 assistant fee? Have they no shame, let alone ethics? Medical schools cannot screen for sociopathy.

- **Agnes C** Yonkers, United States Insured
In 1985 I had a c-section, and checked myself out of the hospital after 3 days. The hospital billed for 5 days, and we were billed for 5 daily visits from a pediatrician. The insurance company refused to dispute the bill because 5 days was the "normal and expected" length of hospitalization for a c-section. This left us obligated to pay 20% of a bill that was nearly double what it should have been. We appealed & lost, tried negotiating with the doctors who had billed, but paid up when the bills were turned over to collection agencies.

• **Bobby R.** New Jersey, United States

Taken to ER with massive trauma. They said I was 'admitted' almost immediately. This altered limitless billing to non-emergency coding, creating an insurance nightmare. The hospital's claims of consent fall short considering my condition and the heavy narcotics administered. The system is perpetuated by greedy youngsters financing exorbitant medical school costs, then demanding to net themselves Ferraris and McMansions while making everyone pay to support it all. Heroes need not apply. Pity them their malpractice premiums. Who becomes a doctor out of the desire to heal nowadays? Disgusting. This racket is a monstrous reflection of our corrupted society. Caveat emptor!

• **Burghard Linn** Brighton, United States Insured

I went to the ER with shortness of breath and was diagnosed with a STEMI while on vacation in Phoenix, AZ in February. An angiogram showed 90% blockage which was eliminated with a stent. This was a 30 minute operation. In total I was in the hospital for 48 hours. The bill to the insurance company was nearly $100,000. My insurance company paid them $20,000 and I paid $400 co-pay. This ridicules phantom billing appears to go on all over the US health care sector and you will be in deep trouble if you are not covered by insurance.

• **Joseph Coursey** New Lebanon, Ohio, United States

God, yes! I paid $1144 deductible although my insurance paid it. Good Samaritan Hospital (Dayton, Ohio) denies receipt and refuses a refund. Beeber Drugs charged $480 for my wife's (botched) picc-line insertion which had to be done over. Sunbridge Nursing double-charged $5400.00 for skilled care (which they later rescinded). Anybody getting sick in America is swimming with a tank
of hungry sharks. We need to police these fraudulent charges. Elizabeth Warren for President!

- **Catherine K** Seattle, United States Insured

It wasn't I, but my mom, who got an enormous bill (I don't remember the amount) from the maker of a piece of equipment used in some minor surgery she had on her arm. She called her physician, who laughed and said she wasn't required to pay the bill, but the machine's manufacturer sent these bills out just to see if someone would naively pay them. So call your doctor first if you get a bill you don't understand. Unfortunately, it sounds like some of these outrageous bills are the real deal.

- **Stephen Naus** Centennial, United States Insured

Prior to surgery when you are asked to sign the waiver form. When you sign, note on that signature that you are not allowing out-of-network services to be done to you for this procedure. If they are you are not responsible for them. I did, I know. When they tried to bill me for the out-of-network service; $3,350, they reminded me I signed the waiver. I told them to look at my signature much closer, they did, and things changed, quickly.

- **Sudarshan U** Munich, Germany Insured

No I haven't, because I live in Germany am publicly insured. I have undergone 3 colonoscopies, a surgery to remove pilonidal cyst, and been on expensive medications to manage ulcerative colitis. So far I haven't seen a single bill, apart from paying 5 Euros for my medicine refills at the pharmacy.

- **Victoria R** New York, United States Insured

When my father had his cancer surgery back in the 70s, he was also billed whenever a random doctor came into his room and gave him a perfunctory examination. He used to call it the "Hi guy" charge. They would come in, say "hi guy" and months later charge him for the unsolicited pleasure of their "company." This was before managed care and my dad worked for the Federal government so his insurance
paid for this but he always thought it was a horrible and sneaky practice.

- **Susan B** New York, United States Insured

  I went to an emergency room to get stitches in my hand after a kitchen knife accident, and was shocked to receive a $22,000 bill from an out-of-network plastic surgeon who had treated me, without my having any idea the hospital (which was in-network for me) would assign me an out-of-network doctor without at least warning me first.

- **Linda C** New York, United States Insured

  Prior to surgery, my primary care physician requested bloodwork, with the samples drawn by a lab group in the same medical building (always covered in the past 100%). I was later surprised by a lab bill that exceeded my deductible for the surgery itself. When I asked why I now had to pay, I was told the lab was now considered a hospital facility, and the blood work was preventive care - not covered unless I went to an independent facility. The insurance companies also do their best to find any excuse to pass on charges.

- **Jerry S** Northport, NY, United States

  oh yes. a $40,000 bill for plastic surgeon to sew up two gashes on forehead. the insurance company paid the entire bill. the insurance company told us that they paid the bill because we were such long time customers and aren't we glad that they did because the charges were out of network and they didn't have to pay them. we were and still are flabergasted. this is criminal fraud. it's astounding that neither the government nor the insurers have tried to deal with it.

- **John Hodges** Oakland, United States Insured

  I work in the hospital and have seen physicians troll the nursing station, leafing through patient's records to find end-of-life candidates whom they find eligible for bedside visits billed to the families of the deceased, ignorant of the reason for the charges and authorize payment.

- **Frank C** Sunnyvale, United States Insured
My mother was treated at an emergency room of a large hospital years ago. The physician that treated her it turns out did not accept Medicare. I had to negotiate with him to cut the bill in half. I also wrote a complaint letter to the hospital

- **David S** Gilbert, Arizona, United States Insured

Back on January 28th, I had open heart surgery in Scottsdale Arizona. A few months later, I found out that though I had an in-network hospital and surgeon, the anesthesiologist was out of network and got paid a smaller portion. Upon calling United Health Care, because I didn't have a "RAPPLE" provision, the chances of currently getting him paid enough for him to leave me alone is small. However, I am still fighting it.

- **Marijane Gray** Greensboro, United States Insured

When my daughter was born via c-section, another doctor from the practice came into the room and pushed on my stomach for about ten minutes. We were billed several thousand dollars for that, which my insurance refused to pay. Because we now have an 'outstanding bill' because of it, I have not been able to return to my doctor for five years as they won't see me until it's paid. We need health care reform NOW.

- **Amanda L** Austin, United States

My son was in a horrific automobile accident and required immediate trauma surgery. He received several bills from a neurosurgeon who never treated him, never even walked into the same room as him. The guy literally walked by an x-ray screen and looked at a spinous process fracture and said "yea - you can take the c-collar off" but the bills for multiple consults as "part of the team" rolled in - disgusting! And I have worked in the medical field for 30+ years. A whole new way to game the system.

- **Mary K.** Washington, DC, United States Insured

I received an indecipherable bill for anesthesia which seemed to contain duplicate charges. Neither the insurance company nor the billing agent would explain this to me. Worse still, another doctor
undertook to ask why the bill was not paid, at which point I demanded to speak with the anesthesiologist's corporate principal. After nearly a year, matters were resolved, but not before it was discovered that payments I had made had not been credited to my account.

• **Pete Kelly** Cary, NC, United States Insured

Another problem is a "surgeon" who decides a procedure is too difficult and quits without completing it. Recently a cardiologist tried to install a stent saying the alternative was a quadruple bypass. During the procedure the surgeon started with the LARGEST stent which wouldn't fit. He tried three smaller ones with no luck. He told me I needed the quad bypass. A second surgeon successfully installed and is treating any remaining blockage with drugs. The first "surgeon" wanted full payment for essentially doing nothing. I guess he had to make up the approximately $250,000 open heart surgery fee somehow.

• **Gabi B** Greenville, SC, United States Insured

Full charge for epidural anesthesia at birth of my first child. Anesthetist called in - by my ob group, which had said it worked only with in-group anesthetists - when I was 5 cm dilated and in no position to negotiate. Turned out he wasn't in the network after all.

• **H. S. S.** Oakland, United States Insured

This happened to me. I was charged a fee by a doctor after an emergency room visit. I complained and was told the doctor was a contract physician and was not covered by my insurer even thought the ER and hospital were. It was a small amount and I paid it. But, I will never use that ER even if I'm bleeding to death.

• **Christine B** Babylon, United States

yes. My daughter was seen in a long island emergency room for 10 minutes by an orthopedist for broken wrists. The fractures required no manipulation. I was sent to an outside facility for bracing. The orthopedist billed my insurance company $16,000.00 They were paid $11,000. They were an out of network provider in a participating emergency room. I now owe them an additional $700.00 out of
pocket even though they were paid almost $1,000.00 a minute for their services. This is thievery

- **Magdalena Brito** Toluca, Edo. Mexico, Mexico Insured

  I fell off a ladder in Texas and in the emergency room I was given an X-ray, told my leg was broken and given a full leg brace. Bill $3600. Three days later I went to my own orthopedic surgeon in Mexico City, had another X-ray, was diagnosed with nothing but a sprain & I walked out of his office with the expensive brace under my arm. Bill: $125 US (Including Xray)

- **Slim Shady** Bedford, United States Insured

  After my wife had cancer surgery I demanded a detailed bill what I found was shocking. Since then I designed a way to audit the bills built a company that yes for a fee we read the bill fight with the hospital and win. Your bill is loaded with other things to help cover welfare frauds and illegals with no insurance and illegals just walking away from the bills.

- **Caitlin Hopkins** Cambridge, MA, United States Insured

  We were shocked when our insurance refused to cover our infant son's immunizations in full. The immunizations were administered in the pediatrician's office immediately after our son's regular visit. But, according to the insurance company, the exam room magically transformed into an out-of-network clinic in the five minutes between the doctor's exam and the nurse's entrance. It's impossible to anticipate every cost when some of the staff and procedures in a single office are in-network and others are not.

- **Shyamadas Banerji** Arlington, Va, United States Insured

  The only time I was ever at hospital for a minor treatment, I was surprised by various doctors dropping by to read my charts and add their fees to the total bill which was enormous like $20,000 for an overnight stay and some tests. It is high time that insurance companies and medicare start to focus on these ridiculous charges and get doctors and hospitals to charge reasonable fees at the
outset. Otherwise, this is fraud and the consumer protection agency needs to step in and sue hospitals and doctors.

- **Gail S** Bellvale, United States

  My "free" wellness tests are only free if the results are perfect. If anything irregular shows it's considered diagnostic and I am billed as was the case with a bone density test showing slight bone loss. Thank goodness I didn't go for more "free" tests.

- **Robert D** Seattle, United States

  Our two sons each had a routine appendectomy, one year apart, one in WA and one in CA. The WA bill was about $6000, the CA one was $42,000, including some $17000 in supplies, and two MRIs. The MRIs were completely unnecessary, and the supplies were an obvious fraud. When we asked for supporting documents, they refused to give us the information because he was over 18, even though he was on our insurance.

- **Dean W** Newton, United States

  I had a nocturnal pulse/ox monitor for one evening that was completely covered by my medical plan. However, an out-of-network provider got involved who was emailed the data and then generated an electronic form which was emailed to my specialist. Their 5 minute use of utility software provided by the monitor manufacturer cost me $120 not covered by my plan.

- **Pacemaker Free** Washington DC, United States Insured

  A hospital in PA told me I needed a pacemaker after a single fainting episode and that it needed to be done immediately "to save my life". They terrifed me into agreeing to the procedure, which later turned out to be unnecessary and then billed me over $3,000 for it - after my insurance company's payment. The way they itemized caused costs to rise vs. if they had billed for "outpatient surgery" when my copay would have been $150.00. They refused to negotiate on payment or allowing me to reduce my amount owed.

- **Wanda S** Idaho, United States Insured
I had a visit to the ER, then was admitted for three days to the hospital. Had visits all three days from two staff doctors. When the bills arrived I was billed for a third doctor's daily visits to my room. I was never unconscious, never saw the man, did know who he was because he had attended my husband earlier. I NEVER saw that doctor. He never came to my room. I reported this to the insurance, they investigated, discovered there was no record him ever seeing me. They demanded payments back and I no longer owed anything.

- **Marie N** Austin, United States Insured

In 2009 I had a stroke at a fairly young age. Spent 4 days in hospital on monitored floor. Bills received included many in-network drive-by consults I never saw, and an out-of-network ER doctor bill I had to pay. Next month I had a heart valve test at cardiac hospital; was assured upfront all was covered, but got a $650 bill for out-of-network anesthetist. Thanks to ACA I can still get insurance, but even good plans leave too much room for out-of-network charges. Max OOP in-network per year by law is $6500 but my policy has $20,000 out-of-network deductible.

- **H T** Atlanta, United States Insured

When my son was born in 1988, a second doctor that we did not know was involved in the delivery and billed over $5000 in charges that were rejected by the insurance co as unnecessary. The hospital said they required a second doctor on a C-section. I refused to pay. I was placed for collection but I held fast and they ultimately removed the charge.

- **Paul Burnett** paul@paulburnett.com Emeryville, CA, United States Insured

I had major surgery and when I got an unexpected and unexplained bill from a doctor I had not heard of, I replied with a letter requesting a detailed description of the service this doctor had provided and a copy of a signed contract between me and the doctor. I did not get a reply, or another bill.

- **Bob D** hollis, nh, United States Insured
We need third-party policing. Expensive? Yeah, civilization is expensive.

- **Cordell S** NY, United States Insured

  Yes, also for neck spine surgery. My unexpected fee was "only" $4,500. My surgery performed was at NY-Presb. Ironically, the Dr. who "crashed" my surgery is the only one already dunning me with a collections agent while my primary insurance and major medical insurance are processing bills, checks, etc.

- **Marcia W** Buffalo, United States Insured

  I had minor surgery for a cyst on my finger at a hospital's surgical center. The doctor was in network. When I received my bill, I saw that the nurse who numbed my finger was not - $4,000 bill. I went to the doctor's office to have the 3 stitches removed. They wanted $700 payable up front - the staff wasn't in network. I refused and insisted on the doctor remove the stitches himself, since he was in network. It took 2 more weeks!

- **Dan Goldberg** El Cerrito, United States Insured

  This is what we got instead of single payer with the federal government negotiating drug prices. I feel lucky to have Kaiser Permanente where three years ago my co-pay for a cochlear implant was a flat $250. I can read my primary physician's credentials and bio online, as well as all other available KP physicians in my area and change doctors as often as I like. I communicate with my physician via email, and couldn't be happier with my care.

- **Marc Tuminello** Lakeland, Florida, United States

  This is the exact thing that happens to me. I had disk fusion surgery on my neck back in November of 2013. After my surgery I had an "Assistant Surgeon" that billed me for an additional $11,000. I had never spoken to this person nor had I contracted him. After telling them I had no intentions of paying for a service I did not ask for, they settled for $200.

- **Danley Wolfe** Lewis Center, OH, United States Insured
I have similar instances. It has become common practice to specialists to become "equity participants" in medical centers having a variety of specialties. My ENT was to perform a septoplasty reportedly an outpatient operation. I had two other specialists plus cardiologist and anesthesiologist, cost > $30,000. I cancelled and had surgery in Seoul, South Korea at Seoul National University Hospital cost was under $1000 total all inclusive. This seems to be unethical and even criminal - it is something like the mafia protection rackets reminiscent of the Al Capone or Charles "Lucky" Luciano days.

- **L V NY, United States Insured**

  I was balanced billed for some biopsy report because it was send to some lab that didn't accept my insurance. This sort of stuff really is loathsome and a doctor should explain if there are additional costs to a procedure before doing the procedure!

- **Brandy H Santa Barbara, United States Insured**

  After an ER visit I was charged for seeing doctors I never met and billed for exams I never had. I was billed almost 900.00 for a single IV, the billing was based on time the IV was my arm not the number of IV's I needed. 4000.00+ for an ER visit that required 1 bag of saline that I understand costs about 1.00

- **Rich Patina Salt Lake City, United States Insured**

  In 2005 I was living in Aspen, CO, uninsured, and had an attack of kidney stones. The doctors demanded $50,000.00 to treat me. Instead I flew to Beijing, received the exact same treatment, and the cost was $2700.00. The whole trip, including airfare and hiring an interpreter: $6000.00! Get yourself away from these thieves - perform an internet search for "medical tourism".

- **Katie W Cincinnati, United States Insured**

  My husband had bilateral knee surgery. We received a bill from a pathologist who said he wasn't in network, but that my husband's surgeon wanted him to check the tissue. My response was that that physician could check to see if he was in network or not because it takes very little time. After we refused to pay the extra charges he did
not receive from our insurance, we put this in the insurance carriers ball park because they said he was in network. We let our insurance company handle this as we had met our deductible.

- **Daniel B** New York, United States Insured

"facility fees." somehow, an office visit in a hospital office setting comes with an extra charge. Happened to me during an outpatient orthopedist visit with a prestigious NY Hospital. I threatened to call the State for insurance fraud and the bill went away

- **vibise s** Bethesda, United States Insured

My husband was taken to the ER in his bathing suit. When I got there with my insurance card I was told the hospital was a preferred provider and he was covered. Turns out the trauma doctors were not preferred providers and the insurer refuses to pay, even though my husband was unconscious the whole time and was not able to consent to anything or sign anything. I am in the process of appealing, but expect to get nowhere.

- **siew L** Hackensack, NJ, United States

collection letter for $2000 a couple of years after surgery for "assistant surgeon" service; $1200+ for out-of-network anesthesiologist service at surgical center for colonoscopy

- **Shelley Corrin** Montreal, Canada Insured

No. For Canadians who are not receiving procedures that are non-essential, (eg plastic surgery) all costs are covered by the single payer. It should be enviable, but then, the blessings of "choice" of insurer is part of what Americans desire. Our only choice is of doctor and hospital. Worth a rethink? Costs are and must be reviewed and limited; some things we do pay for. But not medical acts in hospital. And no surprises.

- **Roger C** Lawrenceville, United States Insured

Several years ago I was scheduled for a kidney stone lithotripsy. An IV was started by the anesthesiologist, but using imaging before the
anesthesia was begun, my urologist couldn't find the stone. Apparently it had passed, so the procedure was cancelled. I received a $700 bill from the anesthesiologist that both Medicare and Aetna were willing to pay, despite my complaints to them that no anesthesia was done. His time was blocked out for me, the anesthesiologist stated when I questioned the charge, so the charge was justified - he said...

- **James D.** Fort Collins, CO, United States Insured

  I had a vasovagal episode at church which resulted in an EMS call and trip to the local hospital. While there, I was seen by an ER physician. Some weeks later, I received a bill from that physician separate from the hospital charges. My insurance company accepted the hospital charges but denied the physician charges, stating they were out of network. I protested that their decision was nuts, why should i have expected a doctor in the in-network facility to be excluded? The insurance company accepted the charge after my appeal.

- **Larry F** Denver, United States Insured

  Here is a comparison showing how things have chanced. In 1987, I fractured my leg and received about a dozen X-Rays while it was healing, each of which cost $25. In 2000, they want to check if there were any residual problems with the leg, so they order ONE more X-Ray. It cost $700. $100 for my physician's referral. $100 for the X-Ray Technician $100 for the X-Ray Technician's group. $100 for the Radiologist to read the X-Ray $100 for the Radiologist's group. $100 for my physician to read the Radiologist's report $100 for my physician's group.

- **Bill N** Sandy Twp, United States

  December in Austria I got sick and went to the emergency room. Two doctors, four nurses, and three bags of saline solution, & a bag of antibiotics later, I was much better. About to be discharged, I was told that I would have to pay in full before I left, such a visit in the US costs thousands. Still queazy, but much better, I asked how much the total bill would be: 100 Euros (roughly $140.00). I gladly paid the bill,
because the care was excellent and I daresay better than what I would've received in the US.

- **Katie M** Montville, United States Insured

  Husband was assured that all costs for his surgery would be covered from the time he walked into the hospital. Then we got the separate bill from the pathologist--not covered. He had no choice about who specimen was sent to. Turns out that all the pathologists in this part of New Jersey are not covered by any insurance. The promise that all costs would be covered was a lie, and the insurance company had to know it.

- **Leslie Sharr** Easthampton, United States Insured

  Many years ago I broke my arm in a fall. I saw the orthopedic resident in the ER and was referred to an orthopedist for follow up. The orthopedist charged for ER care. I called the hospital, the doctor and then BCBS. BCBS said they would "look into it". I then wrote to the state Medical Board and received a letter back that the orthopedist was withdrawing his ER charge. This was in the 70's - when people were more honest.

- **Kate H.** San Diego, United States Insured

  My first pregnancy required an emergency c-section. As I was being wheeled into the operating room, my OB waved to a gowned doctor and said "Dr. Dunn will be in with me to assist." After 18 hours of labor and over 24 hours of not sleeping, and in terror of losing my baby, I did not respond. Later, I received a bill from this second doctor, who was out of network and my insurance company would not pay his bill. This other doctor threatened collection so we ended up paying out of pocket directly to this doctor. Terrible.

- **sketch66** Los Angeles, United States Insured

  I went to urgent care with a painful sebaceous cyst. I saw a doctor for all of 30 seconds (he prescribed antibiotics). He hit my insurance for hundreds and tried to bill me separately for an additional $600+. This is why I avoid going to the hospital whenever possible. There are too many chiselers lurking in the shadows who want to turn my visit into a
mob-style shakedown. I'd rather rely on 19th century folk remedies than deal with 21st century medical fraud.

- **Kay Loerch** Thousand Oaks, United States Insured

After Gallbladder surgery I received a bill from a surgeon, who was not the surgeon who was supposed to do it. I called the doctors office, asked who she was and why I was being billed by her. I had already spoken to my insurance company about the bill and they told me they had no idea who she was, but they did know she was out of network and they had refused to pay her bill. She worked in the day surgery and my doctor had her perform the surgery he was paid to do.

- **A H CT**, United States Insured

I was billed for a mammogram - over $3000. I had had this procedure done at the same place the year before, no issues, no cost. This time, the regular in-network radiologist who reads them was not available, so an out-of network one read it and charged as out of network. How could I control who reads the mammo after it's done? I argued that down to $200 over months of phone calls and finally caved and paid that, but now I get confirmation that an in-network physician will read my results.

- **Deirdre Higgins** Los Angeles, United States Insured

When I had my surgery to repair a broken wrist, I did everything right. I checked to make sure the surgeon and the hospital were in network. Then the bill comes for the anesthesiologist--- the insurance wouldn't pay because he was out of network. I met the anesthesiologist 10 minutes before surgery and I forgot to ask him "By the way, are you in my network?" I had to fight a year to get the bill lowered to a reasonable rate. Even so-- I had to pay $10,000.

- **Frances Kilgore** Clarksville, United States Insured

I am a heart attack survivor, 5 bypasses 15 years ago and 5 stints 4 years ago. After I came home I started having some chest pains and went to our local hospital emergency room. I was checked by a nurse and was told it was an anxiety attack. Never saw a doctor but
received a $2,300 bill from a cardiac doc that they spoke to on the phone... Unless he can collect the money from the "after life", he will never see a penny from me.

- **Brad L** Rockville, United States Insured

  After cancer surgery in DC not only did I receive bills from doctors I neither saw or needed, when my mother died in an upstate NY hospital her bill included meds and services for 3 days after she died. A profession has become an expensive, immoral racket.

- **Michell L** Louisville, United States Insured

  My son needs braces for club feet, first set (2 shoes and a bar to connect them) insurance paid all (we had met deductible for year). 2nd set of shoes (same bar) never received a bill as well so all was well. 3rd set of shoes with a bar I receive a $500 bill (again deductible had been met), I called to question. Well 2nd time insurance had not paid but the company never bothered to bill me but this time they are charging me. I ended up not having to pay, wonder about a 4th set.

- **Sharon F** Santa Fe, United States

  I saw the bill for my breast reconstruction. Reconstructive plastic surgery is a "right" of every breast cancer victim, we're told. It was paid by Medicaid, but it was close to $200K. Imagine if I had a deductible? This is not a right, clearly, but a profit-center. There were complications. There were interventions, multiple surgeries and drugs. What if they said "it'll cost, but if you want it, it might be needed?" That can't really work either. Extra days in ICU weren't MY fault, but perhaps due to the protocols used. Let the surgeons pay for these complications.

- **C C** Palm Harbor, United States Insured

  I received a bill from an assistant surgeon almost a year after I had surgery 20 years ago. My insurance covered most of it but I cannot remember if they negotiated an in network fee or if he was in network. I did make him send me proof he was even there as I never met him and he sent me a detailed report of my surgery which I gave him the
benefit of the doubt it was legitimate, Hate to get political but how does the Healthcare Reform Act help anyone in this situation?

- **Bee A Mountain Home**, United States

  Had some tests done at in network hospital by my in network Dr then got a non covered bill for some out of network Dr for reading half a page of results. I called Dr & told him we would be in court for days if not weeks if he pursued these charges. Never heard another word from them.

- **Jane Smith** Corona, United States Insured

  Actually, my daughter has had two surgeries and a hospitalization at Children's Hospital Los Angeles, has been attended by world-class physicians, and I've been shocked by how little the bill has been, especially since they are out-of-network with my insurance. They are amazing.

- **joe w. raleigh**, United States Insured

  I was blind sided when I was hospitalized for a heart attack. The hospital performed screenings things unrelated to my heart attack. It is common for hospitals to pad their income by doing unneeded diagnostics on patients. The only way around this is to have standing orders that the only diagnostics and treatments allowed are those directly related to the patients current situation. After my first hospitalization I would change the admitting forms to only allow procedures I approved in writing. A good start to fix healthcare would be to get it back as a calling, opposed to profession.

- **Tim G** Dallas, United States Insured

  Yep. Pathologist charges for routine blood work. As a RN, I know for a fact the pathologist does NOT review every patient's lab work results. When the bill comes, I simply don't pay it. There is absolutely no proof of them reviewing the labs, typically they are already paid by the hospital and they have no impact on my care.

- **akindependent** Virginia, United States Insured
What would happen if patients starting writing on consent forms, "All services, supplies, and tests must be provided by in-network providers. I will accept no liability for out-of-network costs?"

- **Norma S** Los Angeles, CA, United States

  I had hysterectomy surgery about 1982. I received a bill to cover amount Blue Cross didn't cover. Then another bill from a phantom doctor, whom I never met nor did he ever visit in hospital. My surgeon (bless him,) said he would just accept the amount Blue Cross paid. The other kept billing me, and finally started calling. I ignored them, and them came the calls from collection agency, first calm them the harrassment began. All kinds of threats, foul language. I still refused to pay, and then they finally gave up.

- **sketch66** Los Angeles, United States

  I saw an urgent care physician for all of 30 seconds for a painful sebaceous cyst. He prescribed antibiotics. He received hundreds from my insurance for this laughably brief examination and his billing company tried to hit me separately for an additional $600. This is why I avoid going to the hospital whenever possible. There are too many chiseler and conmen lurking in the shadows who want to stick it to my insurance and play Gotcha! with my savings account. Whenever possible, I would rather rely on 19th century folk remedies than 21st century medical fraud.

- **Linda J.** Culver City, United States Insured

  Oh, yes. My surprise charges came from an imaging group. I was told beforehand that the provider wasn't in-network for my insurance, but I foolishly thought it wouldn't be a big deal. A few weeks after the images were taken, I received my Anthem Blue Cross statement. They had paid some hundreds of dollars out of a bill of $20,000. The provider did not charge me the $17,000+ balance but another $2,000 or so. It seemed clear the idea was to charge an egregious amount to the insurance company to see what they could get.

- **Louise A** San Diego, United States Insured
You haven't touched on the near-universal out-sourcing of ambulance service by in-network hospitals. Both times my husband was taken to the in-network hospital by an ambulance, we received a large, uninsured bill which we only once succeeded in reducing a bit.

- **Mike Kennedy** Groton, United States Insured

  In hospital with sepsis 14 days. 1st day CAT scan showed cause (infected gall bladder), but I got daily unbidden visits from 2 junior staff (APRN, Dr 2 years out of residency) in a large gastroenterologist firm. Asking me if I had any bowel movement problems, and recommending moving up my colonoscopy. Daily charge was 300.00 for 3,000.00 total, plus 1,000 for 1st day consultation. Out of network.

- **Terence D** corpus christi, United States Insured

  Went to ER for sprained knee. no imagery done and only an NP doing the exam. I declined meds (figured I could get ibuprofen cheaper at Walmart) and wound up declining crutches after I was made to wait 3 hours in exam room after I requested to be released so I could get the ibuprofen and knee brace at Walmart. Wound up paying $100 for visit and $66.00 for the "doctor's fee" for an exam that lasted 5 minutes. Insurance picked up the rest.

- **Bll Horak** Quogue, United States Insured

  I had outpatient surgery in April. Yesterday, I received two bills from the hospital for my $25 co-pay. The overall bills have the same total amount but of the seven individual charges (recovery, pharmacy, etc) are different. For example, on one, the pharmacy bill is 1254.00 and on the other 46.50. My wife had the mystery out of network assistant surgeon when she had planned surgery about three years ago. It took over a year to resolve it with the insurance company (who paid her).

- **george schorr** jersey city, nj, United States Insured

  each morning a bevy of doctors passed the open door to my room, calling out, "hi...how are you doing today?"...sometimes they would stick their heads in, smiling...then the bills came and i discovered that these guys were consultants on my case.!!!
• **B M** Palo Alto, United States

I was billed $650 for a routine physical and tetanus shot! Every other place they tell you how much it is BEFORE you buy not after. There should be a law that makes hospitals and doctors disclose consistent prices like any other industry. Why is this still legal after "Health Care Reform??"

• **Amanda Richard** Tallahassee, United States Insured

Went for an MRI and was told that it was not covered by my insurance and would have to pay $650 to their office before I could get it. Turns out this was a lie (or incompetence) and it was only a $40 co-pay. Been waiting 2 months to get the balance refunded.

• **Alessandra Lowery** San Diego, United States Insured

My 8 y.o. son was bitten in his face by a dog in which he was left with a large laceration below his eyebrow and temporal area, and another small laceration in his nose bridge. At Childrens Hospital in San Diego, he was taken to a procedure room to wait for the plastic surgeon. Hours later, after midnight a nurse comes to tell us the plastic surgeon had gone home so we would have to come back early morning. My son was untouched; I was billed for the "service", IV therapy, supplies he never used.

• **Robert hadley** PA, United States

at 66 I have learned the hard way with hospitals as many hear have. I now only go to university hospital (30 miles away) if surgery needed, I know they are in network and if hospital is then all the docs are. Just surgery in July and one should see the names insurance paid (spine surgery) uroligist says he saw me several times, I don't remember. If Medicare calls I will say just that.

• **A Medina** Bainbridge Island, United States Insured

Yes, for a routine dermatology procedure. An unknown doctor's charge appeared on my bill who was a pathologist which doubled my charges. As though the dermatologist could not determine that the biopsy was benign. I felt cheated.
• **Peter F** San Antonio, United States Insured

I am a physician. All I can say is that this is fraud. Both docs should be tried, found guilty and sent to jail. I here this time and again especially with Orthopedic surgeons. All branches however have these crooked physicians. Most however are not, but these give us a bad name. The only way to stop them, is to indict them.

• **Kathy C** Houston, United States

I had a $400 charge for pregnancy testing. I am 57 yrs old and in menopause with no sexual activity for 13 yrs, all stated on the incoming forms for an upper GI test.

• **Carla M** nyc, United States Insured

When my daughter was 10 yrs old, she got a minor nosebleed, and stopped at a local fire station to get a tissue. The second they saw the tiny amount of blood, they called an ambulance, accompanied by police officers. The nosebleed stopped before the ambulance arrived. They later admitted they did it to protect themselves from a lawsuit in case some parent would complain that they didn't take it seriously. Then, of course, there was MD bill, ER bill, ambulance bill all for nothing.

• **P M** Santa Cruz, United States Insured

Tangential, but...broke both ankles and refused the surgery ($45k, no overnight, insurance approved) the podiatrist surgeon in my medical group advised. An independent orthopedic surgeon put me in hard casts. I healed without surgery. Insurance covered two fiberglass castings, office visits, the million or so x-rays. But they refused to pay for the next stage of treatment: walking casts (air casts with an interior, lace-up bootie and an exterior, steel armature -- an assembly that is remarkably expensive). These were deemed "durable medical equipment," like a cane. But a $50k "emergency" surgery would have been covered? It's nuts.

• **Marlene A** Roseville, United States Insured
I was in an auto accident and was admitted to the hospital overnight. I was there for 23 hours and received a $60,000 bill. Medicare paid $4000 and the hospital billed me for the rest. They said that the auto insurance should pay (I had only $10000 coverage which went for ambulance and dental work.) Medicare said I didn't owe it since it was a hospital that agreed to accept Medicare reimbursement and eventually the hospital stopped harassing me.

- **John Dilatusg** Kingman, United States

  Yes my wife was billed 750$ as an obesity consult when she had gone to see the doctor for a flu shot.... The obesity console consisted of a PA telling her she needed to lose 16 lbs to attain her correct body mass. I refused to pay as did my insurance co.

- **David Cooke** Issaquah, WA, United States Uninsured

  I was turned away from Multi-Care hospital in Covington WA, untreated. They sent me a bill for 'Emergency room services' $7800, though they did nothing. I demanded explanations repeatedly, but got no response. They sent it to collections and I threatened to sue them, using very colorful language. They finally gave up and billed Obama. For NO services rendered.

- **Joanne C** Los Angeles, United States

  My mom was hospitalized after an angiogram. An unknown doctor came in. I told him to go away. That was the extent of the visit. He billed mom's insurer and was paid. Then he billed my mom for the difference! I called his office, told them the story, advised that the balance would not be paid and if they did not like it I would tell the carrier the story and report him to his licensing body. Never got another bill. Oh, and this happened almost 40 years ago.

- **Marcia Feingold** Ann Arbor, MI, United States Insured

  Fortunately, I have Medicare, so I don't get unexpected bills. If we had Medicare for all (ages), the US and individual patients would be spending much less money on health care than in other countries, while getting much better care.
• **Jeffrey C** New York, United States Insured

How about Columbia P and S ripping off my patients. Columbia has charged $1000-$1500 out of network for two $40 pathology specimens. It is time for the federal government to rescind their nonprofit status.

• **Frederick Hecht** Scottsdale, AZ, United States Insured

As a patient I have received unexpected tack-on charges. One procedure such as a skin biopsy for possible cancer resulted in 6 different charges. My dentist looked at my teeth after dental hygiene and tacked on a hefty fee. As a physician myself, I feel we have an obligation to minimize rather than maximize what patients pay for care.

• **E B** San Francisco, United States Insured

My son had his tonsils removed three years ago. His surgeon inadvertently opened the wound when he examined my son 9 days later. He apologized. My son began bleeding heavily that evening, and we took him to the local ER. We sat for 2 hours in the waiting room until my son passed out. The hospital staff (no doctors) put my son on a gurney and hooked him to an IV. A surgeon was finally called to cauterize the wound, and he was separately paid in full. The hospital billed an extra $12,000; only $9,000 was covered by insurance.

• **Ann Robbins** Orlando, United States Insured

Yes! During a recent surgery, unbeknownst to me, my anesthesiologist turned out to be out-of-network. I had no voice in the selection of this doctor, yet I'm now responsible for his hefty bill! The insurance company has paid a small portion, but I'm a few grand in the hole with this one. I'm still working to get it resolved but the insurance company says I should talk with the doctor and the doctor says work with your insurance. Say what?

• **Angela A** Columbia, SC, United States Insured
November 2014, a nurse practitioner at an endocrinologist insisted I needed a 24-hour blood sugar monitor. The office was in-network, so they should know what's covered. But my Medicare Advantage plan denied the claim. Then, they tried to balance bill me. That's not allowed. I called them on it and they refused to back down. After a call to my insurance company, the doctor agreed to write off the charges. But then I got a letter from a collections agency. It took the insurance company and me several weeks to resolve the claim. I won’t go back.

- **Anonymous** so cal desert, United States

My wife was seen at the emergency room at a local hospital. We asked if our insurance covered the charges and were assured it did. We later received a bill from the physician group which did not accept our insurance. Hospital administration said they could do nothing about the doctors charge even though they hired the group. And my wife was seen by a nurse practitioner. Only when we insisted on being seen by a physician did that occur.

- **Alan W** San Jose, Ca, United States Uninsured

I was billed for blood drawn and blood testing while in the ER for a shoulder A/C injury. There was never any blood drawn so there could not have been any testing. When I challenged the billing Kaiser threatened to send me to collections. I asked them to provide a chain of possession for the sample they "took" which they could not. I also said I would come in for a DNA comparison to whatever blood they said was mine which they declined to do. Ultimately my entire bill was thrown in the trash by their review board.

- **E B** San Francisco, United States Insured

Not to minimize the many other horror stories recounted here, but the one I reported earlier makes many other stories pale by comparison. People complain about $750 ambulance charges for moving a patient across the street. My son was moved twice by ambulance – no sirens, no flashing lights, just two rides in an ambulance from one hospital to another. Each ride lasted 4 minutes. Bill? $8,500. Our insurance paid $5,600. We’ve been hounded ever since for the remaining $2,900, which I refuse to pay.
- **Zenobia G** Providence, United States

  I was undergoing inpatient rehabilitation for a spinal injury. The last few days a doctor, instead of the NP came in to see me. Said five words, then left. I just got a bill, six months later, for $200. I was also billed $200 by the ambulance co for transport--> which I had to option to reject. I was under the impression that all care was included in hospital cost. They keep pulling these tricks on patients (and insurance companies) when we are under duress. A health care free market will never exist.

- **Dwayne Stevenson** Salem, United States Uninsured

  I was billed for setting a broken arm by both the ER doc and the orthopedic doc. i caught the ER doc's false charge -- he didn't set my arm, but was just fishing for fees -- and got the ortho to state that he was the only one who did that procedure. Ens result? Fee gone.

- **K L** Jekyll Island, United States

  A recent four day stay due to a mental breakdown resulted in over $100K in bills from doctors and services that I do not recall. Bills started arriving seven months later from doctors for services such as taking vitals for as much as $700! Something must be done soon to stop this.

- **Regina Jennings** Philadelphia, United States Uninsured

  I thought I was having a heart attack and I was already in depression because both my mother and husband had died. I went to the emergency room and was there for approximately one hour and 1/2 or two hours tops. My bill was 11,000.00 and I was and am harassed by the hospital to pay. They even put the amount of 7000 on my credit report because I couldn't and refused to pay that kind of money for an emergency room visit. I can see that Chestnut Hill hospital doesn't care about people; they care about money.

- **Anne Reed** LA CA, United States Insured

  I went in for routine gallbladder surgery…had met my surgeon, had a consult. My insurance was on board completely. I paid the remainder
when the bill came and then out of nowhere an $1800 bill from the anesthesiologist I met while being pre-sedated. He was Out-of-Network. I got few answers from anyone and went ahead and paid it. Clearly it was the tip of a $$$ iceberg where these fees occur, as noted in the article.

- **Rebekkah B** Fairbanks, United States

  Had surgery in 1993, with the requisite surprise out-of-network asst. surgeon, anesthesiology and lab bills. Since then I've had 2 hip repairs, in Belgium, by one of the best hip surgeons in the world. (He trains American surgeons.) I knew all the costs, including rehab, before surgery, and it was a fraction of U.S. cost. It went exactly as had been agreed, and my insurance company was thrilled. If I ever lose choice about my health again, I would never choose surgery or hospitalization in the U.S.

- **David O** Boston, United States Insured

  Nothing crazy high as this, but still 'sticker shock'. Went to Boston Children's with my 3yo for a Peanut Challenge. It involved bringing peanut butter, his epi-pen. A nurse came in and told us to eat some, checked his heart rate, and she'd return in 30 min. We did this @ 4 times. Never saw a doctor, just this woman who came in 4 times, 1 min. per visit. I paid my co-pay of $20. Wrong. I am now contesting a bill just shy of $600 for this.

- **Ray S.** Illinois, United States Insured

  I have the HMO Obamacare! The person setting up my plan checked my current doctors were under this plan. I had a Doctor's appointment 2 weeks later. They confirmed the appointment stating my new insurance had a $30.00 co-pay. I paid it. A month later I received a bill for $436.00. I discovered that this Doctor had dropped this plan from his accepted list of Insurance carriers. Since April, each Doctor and Clinic I had has dropped out of accepting this plan. My Insurance company told me Doctors are dropping out of this coverage, daily.

- **Robert L** New York, United States
how is this different than a waiter bringing you another drink when you get up to go the bathroom?

- **Bruce Morris** Moore, United States Insured

  I get this all the time! Your taxes and Medicare paid 4,800 for My wheelchair that normally cost 1900. I have had 2 spinal fusions, 4x CABG that one alone was 147,000 for the surgeon, 200,000 for the two Hospitals the had Me in for a month. I only weighed 136 at the time. I am 6 foot tall. I need 2 more fusions, both knees and both hips replaced still.... Instead of paying these thieves, I live on Morphine now..

- **elizabeth blalock** oakland, United States Insured

  My surprise is that one can save money by paying cash for a procedure rather than one’s share of the charges under the insurance plan. My MRI would have cost me $1600 out of pocket through my insurance but was $500 total if paid cash

- **Rich B** Uniontown, United States Insured

  I was having stomach issues not responding to my PCP's treatment, so she sent me to a Gastroenterologist. He scoped my stomach and diagnosed Gerd. After trying 3 different medications I returned to my PCP. She wanted a Ultrasound. Said come to her office someone comes there to do it. Insurance didn't cover, company was out of network. I fought it because PCP should have known. I won. Test showed a bad Gallbladder. Surgeon removed, cured my stomach issues. Said to stop taking medicine Gastroenterologist prescribed. He misdiagnosed my problem?

- **Rita W** San Antonio, United States

  Carefully choose an in-network dermatologist never suspecting lab work was out of network. A $150 lesson which will probably save me money in the future. Always check everything.

- **Lisa K.** Seattle, United States
I fell and broke my left arm during an exercise class at my local community center, whose staff called an ambulance. The trip to the hospital was about 1.5 miles. The ambulance staff provided me nothing, not even a bag of ice. Bill: $800. My insurance covered $300 and I was left with the balance. After calling to negotiate, I was told if I paid cash, they would give me a 20% discount. So, I was forced to send a $400 check. Robbery by any other name.

- **Bill Burns** Providence, United States Insured

I had knee surgery a few years back and signed a contract for $2960.00. After surgery I got a bill for $4900.00. I argued this with them to no avail. What did I do—I pay them $5 dollars a month—I'll be dead before they get all they wanted.

- **Gail C** Livermore, United States Insured

I too have been overwhelmed with unexpected medical charges, including those for out-of-network physicians. Unfortunately, the fact that I am being left with a staggering debt is only the beginning of my story. Since being released from the hospital with a tear in my carotid artery at the base of my skull, I have been denied follow up care to ease my suffering and am now being denied a life-saving procedure because of the outstanding balance due on my account. Being underinsured has had a devastating effect on my life and is now actually threatening to end my life.

- **Elizabeth Gamard** New Orleans, LA, United States Insured

Yes, multiple times for ‘doctors’ I KNOW I've never seen. During surgeries, I now only take local anesthesia, which allows me to KNOW who is in attendance. At my age (fortunately) such surgeries have been rare. After my cerebral hemorrhage in 2004, I notice the practice...now it is common.

- **Cameron L** Phoenix, United States Insured

On two occasions I have received bills from Doctors who I didnt know who they were. Both times the procedures occurred at an in network provider. Both times the extra doctors were unnecessary. The
insurance company won one battle on one and I am going to court over the other (and then after the doctors medical license for fraud)

- **Mary R.** Vancouver, Canada Insured

  I've just been on a month-long medical odyssey involving five doctors, four dentists, multiple radiographs, a CT scan etc. to finally get a diagnosis. There won't be any surprise charges on my bill. There won't BE a bill. Everything (except 20% of the meds, or around $50) was covered by my provincial and extended medical plans, the cost of which is mostly covered by my employer and would cost me about $200 a month if it weren't. I can't imagine going through this AND having to deal with bills.

- **joe j** Chicago, United States Insured

  I've had horrible experiences with hospital billing. I gave them my insurance, and they didn't even bother to bill the insurance. They sent me the full bill, I tried for months to get them to bill my insurance first so I can pay the remaining balance, and they sent it off to collections. Then I had to deal with debt collectors. On top of that, I only ever saw a nurse for 2 minutes, and that's it. The doctor billed me anyways. On top of that, the hospital billed me separately too.

- **Jennifer Trybom** Corpus Christi, United States Insured

  Yes, during all types of hospitalizations, long stays to various surgeries. Doctors/specialist that often neither patient, nor family recall seeing, much less being informed prior to their "assessments"! Hospital releases favor doctors/medical providers, and we all "trust". Unfortunately, patients are held hostage, to less than honorable systems, who's primary purpose is financial. Doctors wonder why we need single payer and end fee for service! Capitalist medicine greed has led to many entering medicine who never would have. First do no harm doesn't end with the patient's body! The Hippocratic oath is completely lost for so many in medicine today,...

- **Erica B** Saint Petersburg, United States Insured

  I went into the ER with horrible abdominal pains, and ultimately needed a partial colectomy. I met with my admitting doctor from the
ER, and the surgeon. About 3 weeks later, I received my bill from the hospital, which was quite fair. My boyfriend noticed a second bill behind it from a company we had never heard of -- USA (United Surgical Assistants). My insurance deemed it out of network, and is asking me to pay the full costs. My case still is not resolved. Glad to see this is getting attention in the media.

- Jerry Martin New York, United States Insured

I also received a bill after a surgery from an out of network surgeon who claimed he was called in on a consultation. Rather than submit it to my insurance company, I wrote back challenging him to produce substantiating documentation beyond just his claim. His initial response was to question my action because my insurance would pay for it. When I again refused to pay his bill or submit it to my insurance without further documentation, he never responded again.

- John Smith Springfield, United States

My son spent 3 days in the hospital, paperwork/video to prove it. Hospital billed insurance for 30 days multiple exams/consults/test/xrays/etc, over $100,000. Insurance was about to pay 100%, I stopped them and told them only 3 days. Hospital claimed it was an accident, by adding a zero next to the 3 days. I opened a fraud case and charged the billing director. They first-denied everything/second-blamed hackers/third-stated accidentally created fake/forged notes/files/bills (27 days worth), some accident. Found guilty, hospital ends up paying us money. Advise to hospitals- Don't try to fraud people, especially a police detective.

- Susan Morris Portland, United States

A student CHOOSING TO OBSERVE surgery on my infant niece charged my sister and brother-in-law thousands. They refused to pay and reported him to the AMA.

- Thom E Massapequa, United States Insured

Had some shoulder surgery after a motorcycle accident, that the ER docs told me couldn't be fixed (another issue of competency and who the patient should trust) but my family Doctor and the orthopedic he
referred me to, told me was just silly - but when I was billed for the surgery I then found out the anesthesiologist was not included and not in my insurance network. (BCBS) Which was disclosed somewhere in the ream of pre-op papers I was signing. Which should have been front and center from the onset. I tried to fight it, but paid it.

- **Susan H.** Manchester, United States

  Many years ago, I had a hysterectomy. I discovered a charge for a second surgeon only after requesting an itemized bill. I had not been informed that this surgeon was to attend the operation. When protesting to the insurance company, who did pay the bill, I was told that this was not my concern, as they would pay the bill.

- **Richard V** Pittsburgh, United States Insured

  I had a cardiac MRI couple years ago...A statement came couple weeks later and showed the cost (which was the test as well as the doctor fee to read it) came in at $8,000, of which the final fee paid by the insurance company was $1,400...There was no cost to me...But if i didn't have insurance, I would have been responsible for the ENTIRE amount..Amazing to me that an 75 min MRI could be billed that much.

- **Eric B** Ardsley, United States

  My son feinted in class, hit his head on the wall, was taken to the ER to get checked out and stitched up. The plastic surgeon - not in our plan - charged our insurance company $950 for the emergency room visit and $3100 for 12 stitches. They paid a small portion, but he kept billing them and ultimately they paid the rest, except for $380 which we paid. This was my first experience with ridiculous doctor fees.

- **Victoria P.** Nantucket, United States

  I think was "innovative coding" when my cerumen removal procedure got coded as an amputation of the pinna. I called this to the attention of the billing office & the statement was "corrected". What if I had not been knowledgeable about coding numbers?
• **Margaret L** Santa Monica, United States
  
  I was assured by my insurer that all my bills for an expensive operation were in network and covered by my maximum deductible. I made them write a letter prior to my surgery to that effect. Later, I received a bill for an out of network procedure performed during that surgery. I did not know the doctor who performed the service (while I was under anesthesia), and did not know what procedure was performed. Without that letter, I would have owed $3K (my out of network deductible). How many people know to cover themselves this way? Crazy.

• **Jessica J** Houston, United States Insured
  
  Not a surprise bill, but a surprisingly good experience. I had an elective surgery by a surgery who accepted cash only. We negotiated a price at his privately owned center. I paid it. Period. It was a lot of money, but relatively to what would have been billed to insurance and then "actually paid" it was pretty reasonable. And the only people who ever saw a dime were the doctor and his staff. Why the assumption that "health insurance' for anything less than catastrophic coverage is a good thing?

• **Paul Pekar** Panicale, Italy, United States
  
  No! I have been insured under both government and private plans in the past 44 years living and working in Germany, Belgium, England and now retired in Italy. Health care in Europe is about HEALTH of the patient, while in the US it is all about earning money for all involved in treating the patient.

• **Nina Idnani** Ossining, United States Insured
  
  I had a similar experience. I had gone in for the usual recalibration of my deep brain stimulators when I passed out. I was soon wheeled out to the ER where I was subjected to a battery of tests. The ER doctor took charge. I was admitted for overnight observation. The entire bill was covered by my insurance. Then came a bill from ER doctor because he did not accept my insurance. Luckily I could pay up. ER is meant for only urgent cases. The patient has no choice. Imagine patients with poor plans or no plan at all.
• **Jay P** Lake Charles, United States

Our issue was as bad as mentioned here. My wife had a MRI, and multiple charges appeared from radiology for the procedure, for the reading, etc. creating an illusion due to smaller amount that it was OK but combined together it was substantial. Conniving.

• **J M** Brooklyn, United States Insured

My appendix burst while I was out of the country. Upon my return I was admitted to the ER in Phila to be treated with IV antibiotics as my infection was too widespread for surgery to be an option. Three days in the hospital which included 2 Ct Scans and 1 Radiological Intervention but NO SURGERY...$55,000. There is something horribly awry with our medical system from top to bottom. Just abominable.

• **B R** Brighton, United States

Same thing happened to us after my husbands open heart surgery. It ruined our credit. There wasn't anything we could do. It was a surgical assistant. I asked to see the tapes from the surgery, they wouldn't show them; contacted the surgeon, he wouldn't help. Ended up going to collections. Was a horrible experience. I now ask about all of these situations before any surgeries.

• **Anonymous3 Anon** Gresham, OR, United States Insured

I told him I would be glad to pay my fair share, but I had paid my insurance in good faith and felt I was blindsided by his lack of consideration. He repeatedly said it was my responsibility to make sure my procedures are covered. I was threatened with bad credit, and had to threaten him back with bad reviews. I was livid, and I guess I was convincing enough and he, the hospital and Blue Cross felt I would make too much trouble for them.

• **Yvonne W** Orange Park, United States

How about when an ER physician decides to code the visit as the highest level to bill the insurance company? Or when a bill comes
from the pathologist group because they signed the lab reports? Especially when the visit was for suspected migraine headache only.

- **K G** Big Island, United States

  Yes, in the hospital emergency room and ICU for a seizure - the march of doctors, did not even know that even though the hospital was associated with my insurance, the doctors don't have to be... learned the hard way, so the last time I was there, when I was at admitting I specifically wrote on the consent form that only In Network doctors were to treat me, any out of network doctors were agreeing to my insurance reimbursements only

- **Sean D** York, United States Insured

  I had an heart bypass when I was covered by Blue Cross at a participating hospital with a participating surgeon. The anesthesiologists billed me were not participating providers, and billed much more than the surgeons. Eventually they accepted the BC allowed charge, voluntarily. I wrongly assumed that surgery at a participating hospital would involve participating anesthesiologists given one does not have a choice and given that there are no (at least then) notices of that. Absurd.

- **Roger M.** Tucson, AZ, United States

  I'm amazed at what the "provider bills the plan" and the "amount the plan approved." For a chemical stress test my plan was billed $1,042.64. It approved $1,076.11 or about 10%. Make sense out of that! Without insurance, the provider would have expected me to provide proof I could pay its bill such as a credit card. Therefore, the provider would have received its payment much faster than waiting for an insurance check. Therefore, I should be actually be CHARGED LESS than the insurance company - time value of money. USA system is all backwards.

- **Tom J** Omaha, United States Insured

  My father suffered a heart attack and had to a take an out of network helicopter ride to the hospital 3 hours away. They had a bill waiting for them when he returned home for $50,000. BCBS only would pay
$14,000 of it since it was out of network and they were stuck with the bill for $36,000.

- **Tom K** Preston, Id, United States Insured

My free Medicare wellness exam resulted in a $3,000 stress test that Medicare paid $2,400 for, leaving me to pay $560. I sent $260 and explained it was every penny I had in savings and if they didn't accept it, I could pay $10/month. I got a call telling me "We'll accept it, but don't come back unless you have your deductible and copay up front." Why pay for insurance you can't afford to use? If I had known it wasn't part of the wellness exam, I wouldn't have agreed to the test. Watch these vultures carefully.

- **Martin Cahn** Seattle, United States Insured

As a Family Practice Doctor who struggles every week to make payroll for my employees, and has watched my income go down due to the Insurance companies forcing my patients to pay more and more of the bill; I am disgusted by the blatant and outrageous billing practices by my so-called peers. This is pure greed and no regard for the financial well being of our patients. Physicians took an oath to put the welfare of our patients first, not make the most amount of money.

- **Margie W** Atlanta, United States Insured

I couldn't afford my deductible for a follow up or diagnosis for my mammogram. This year I met my deductible and decided to follow up, a year later. Now my insurance won't cover the outpatient surgery. With insurance I have paid out almost $3000 beyond my monthly amount, co-pays etc. and a state retiree. I now have an additional bill in the thousands for this verification for cancer. Love to see a rally for a National Health Care Plan, there has to be an end to this. Time for change.

- **John Beaty** Pasadena, United States Insured

My daughter's facial reconstruction was "covered" by insurance, and the hospital confirmed that they were in network. But a $5000 bill from the anesthesiologist was unexpected and the insurance refused
to pay it. The hospital claimed that they had no idea that the anesthesia would be out of network, and then hung up on me.

- **liberty Barnes** Hillsboro, Or, United States

  We were charged thousands of dollars for using an "out of network" ambulance company, when my son was in an accident and we called 911. I spent hours, days, weeks, fighting with my insurance-- they said I should have checked that the ambulance was in network before boarding my son for a trip to the ER. After multiple phone calls to different departments--and hours on hold-- I finally spoke with a smart person who said that of course the insurance should have covered the expense and took care of the bill for us.

- **William R** Los Angeles, United States Insured

  After my wife's death, the insurance company refused payment for $100,000 in radiation treatment (ruling it experimental) that had taken place 9 months previously. We had never been told what the cost might be or that it might not be covered. Fortunately the fact that we had never been told forced the treating hospital (Stanford) to pick up the bill -- because they had violated their contract with the insurer (Anthem Blue Cross). Otherwise ...

- **Lauro Silva** Ubatuba, Brazil Insured

  I suffered a rupture of tendons in my right knee. After surgery I heard about another anesthesiologist having been called because my heart wasn't beating accordingly. The extra expense was $3,100 justified by a miniscule-letter clause on a long contract I had signed previously. It's the trap they use to surprise the victims. Just a despicable practice!

- **Carol P.** Milwaukee, United States Insured

  My primary care doctor referred me to the ENT clinic due to ear wax impaction. The ENT nurse practitioner met with me and extracted it within a total of 5 minutes. I received 2 different bills- one for $550 for the procedure from the Medical College of WI (his employer) and a separate bill for $250 from Froedtert Hospital (where the outpatient procedure occurred) for a "room fee." It seems ridiculous that I
receive a separate fee for the clinic where a simple outpatient procedure occurs. And of course I wasn't warned about it prior to the appointment.

- **Babbette D.** Fredericksburg, VA, United States Insured

  I had thyroid cancer and had to have my thyroid gland removed. After the surgery I saw my insurance had paid a neurosurgeon in another state for my surgery. I checked with my general surgeon, he had ever heard of him, nor was the neurosurgeon affiliated with my hospital. I turned it over to my insurance company as fraud, and to this day have never heard an answer. Fortunately, I didn't receive any bills from the neurosurgeon. I still wonder how the neurosurgeon had my name, date and type of surgery, and knew how to bill my insurer.

- **Petty E.** Abilene, United States

  I was shocked to get an ambulance bill for $750 to be moved just across the street to a rehab facility. Though I was unconscious, it was billed as "non-urgent" and my insurance just paid a fraction.

- **Kat Handzik** Elmhurst, IL, United States Insured

  Yes, I was billed, and the insurance company blindly paid, for a 'nurse anesthesiologist' at the same rate and for the same procedures as the regular anesthesiologist. The hospital claimed they have no control over what happens in their operating room and neither biller could provide any reasoning whereby they could ever require 2 people for a 25 minute procedure. They simply billed double because they could bill double.

- **Anonymous1 Anon** Gresham, OR, United States Insured

  In '05 I had a cardiac stress test, where you do the ECG hookup and then start running on a treadmill. I was working with the doctor on another condition, and felt he was the best to do the stress test. EVERYTHING went normally, unless you consider as abnormal that I never got too tired to run, no matter how high he increased the slope.

- **Ray H** Montgomery, United States Insured
In 2003 I was advised that I would need a spinal fusion for numbness in my legs. I discovered that the Vermont hospital where this surgery would take place had not "contracted" with my small insurance company, so the costs were unknown. Instead, I went to Canada, a Neurosurgery Hospital in Montreal where I was told up front what the surgery and recovery would cost, plus a fee to the surgeon. It all went very well. Total Hospital charges, including the operating room for the 8 1/2 hour procedure, and six day recovery in a private room, $25,000.

- **Konrad Marfurt** Luzern, Switzerland Insured

  Last Monday the cotton end of Q-tip remained in my ear. A lonely tourist can’t use tweezers on himself so I asked a Walgreens employee, a pharmacist and a barber for help. They all didn’t want to help but sent me to "ER". Nobody at Stanford Medical Center answered my questions about the minimum charge but they made me sign many papers. Without any other treatment a doctor pulled the cotton thing out with a pair of bent tweezers. Less than a minute's work! ONLY THEN they showed me the paper "Estimated Charges": "code99281 EmergencyServicesLevel1" $686.00. EndOfHoliday!

- **O J** Great Barrington, United States

  Had a swollen bug bite mark while in the Berkshires. Since it was the weekend, asked a doctor in the ER in Great Barrington MA to look at it. He was not sure what it was, but suggested I should go to the pharmacy and get antibiotic ointment. For that, I was charged $400.

- **Donna B.** Madison, United States

  There is an out-of-network plan called Multiplan that some providers subscribe to. Two providers allowed an 80% discount. However, be advised, one provider was 'unable' to tell me the % discount they provided—but repeatedly confirmed they were a member. When I got the bill, then and only then did I learn the Multiplan discount for out of network care was a lousy 4% and I had to pay almost $900 for an office visit. Make the provider tell you—they know and some don’t want to disclose before you are legally bound to pay the bill!

- **Anonymous2 Anon** Gresham, OR, United States Insured
My insurance had covered his care over the past 3 or 4 years, and for all those years the blood tests were done at the hospital at the other side of the parking lot, and were fully covered by my insurance. My doctor made no mention that where he was going to do the stress test, another floor of that same hospital, would be out of network for me. When I got the bill I refused to pay either him or the hospital until he straightened it out.

- **Mary M** Saratoga Springs, United States

  I was taken by ambulance to the ER for severe multiple injuries, and given morphine for pain. I later received a bill < $1000 for sutures, from an out of network doctor the hospital called in. I had no way of checking coverage, too hurt, and it was a Sunday. It took almost a year of fighting to get the doctor's billing office to accept in-network rate. The hospital was understaffed, so a friend assisted with the suturing. Shouldn't patients get a discount for providing their own "nurse?" Only in America!

- **nancy f** Los Angeles, United States Insured

  Oh yes....my husband had routine gall bladder surgery and we got charged $70 for a bag of D5%W - dextrose water to keep an open line into the patient (I am a nurse...). I contacted the hospital and challenged this amount as one can easily get the same item in any drugstore for $1.99 or less. They wouldn't budge. The bill contained many such overcharges that we were responsible for...$10 for 2 Tylenol w. codeine tablets....etc.

- **Manoj Kumar** Stamford, United States

  Yes, I had my wisdom tooth extraction and before the procedure Dr. Told me that it's covered under the insurance, later I received a bill of around $1000 dollars stating insurance did not cover it and it's my responsibility. I was surprised and I spoke to my insurance and they told me these charges are out of network and I had no other option but to pay them. Really disappointed with insurance and doctor.

- **Al P** Ponca City, United States Insured
A few years ago our son broke a permanent tooth while playing in a park. We panicked and went to the emergency room hoping they would be able to help. After waiting 1 hour a nurse asked our 9 year old if we abuse him, then sent us back to the waiting room. After another hour of waiting we decided to leave as his tooth was not bleeding and the pain subsided. We were billed $150 which was not covered by insurance. No services rendered, just the insulting interview.

- **Jebb Bader** Scottsdale, United States Insured

  I was hurt and had to be rushed to the hospital and i requested to be brought to a hospital in my network. Once i was in surgery the doctors were all out-of-network. My bills were outrageous. I was given a breathing tool to help me breathe after being put out and the training took no more than 90 seconds and i was billed $500 for that training. Complete scam the hospitals are today. They are worse than the mob.

- **Elizabeth V** Albany, United States

  I first saw a bill for an "assistant surgeon" this year when I had my hip replaced. I thought that a resident would assist, and was surprised. Since my doctor accepted the negotiated insurance fee, and it was an embarrassingly low amount for someone of his caliber, I didn't question the assistant fee. The "initial" hospital bill didn't even have dates of service listed, and the post-op Radiology charges were outrageous. I keep waiting for the other shoe to drop...

- **RW S** boerne, United States

  two emergency room doctors. they refused to respond to queries about what they did. they were 'out of network' at an in-network hospital...and they would not negotiate and sent the bill to collections after i refused to pay. the hospital is the culprit-allowing this kinda ripoff

- **MARION PALEN** NEW YORK, NY, United States Insured

  I had arthroscopic knee surgery. My orthopedist was quite aware of my ins.plan.& accepted it. Afterwards, I was blindsided with a very
high bill from an unknown anesthiologist who said he didn't take ins.& demanded full price or he wd sue. He got twice what the surgeon (Mt Sinai Faculty Practice) got from the ins.co. The best part is that the operation was completely performed by standins I met just before the op--residents & not the named doctors.

- **Debra Foster** East Hampton, New York, United States Insured

  I received a bill from my secondary insurer (NYSHIP - Empire Plan) that included over $6,000 for "surgery" I never had. A MRI showed a compressed vertebra. Empire stated they will cover none of the "surgery". They said that CODE D on the bill means a fracture of any kind- even if I did not have surgery." He was with me for a total of 5 minutes.

- **George Sealy** Coolidge, AZ, United States

  Yes, an additional consultant was called in for an orthopedic operation I had. The charges showed up on the bill. Thankfully the charges were not exorbitant and the insurance company paid on appeal. But this is scary business.

- **Sherry F** Salem, MA, United States Insured

  When I had my child, with an in-network OB and hospital, I had no idea the anesthesiologist billed separately, and no idea he was out of network.

- **E J** NYC, United States Insured

  NYU hospital charged me $1300 for a non-urgent blood test that typically costs $30. How? By not disclosing that they would charge it under a code that relates to a test taken during hospitalization, even though this was a regular visit to the clinic! Now the related correspondence has mysteriously disappeared from the system, and the lawyers are working on this. NYU's answer to multiple letters? "You can request financial aid". But I have been paying all my bills and do not need financial aid. Tons of outstanding cases reported to the authorities, but we need court rulings.

- **D S** NY, United States Insured
I have been admitted to the hospital under emergency conditions, yet, I had a go bag, including my meds. I listed all my meds, but said that I had them with me, so I did not need nor want their meds. The nurse insisted that my meds had to be taken to the pharmacist to be vetted. Would you believe I was charged every day for my own meds?

- **Doctor Doctor** East coast, United States Insured

Some people think doctors control medical bills. While we have an obligation to understand billing, we also have to provide care in an environment that includes increasingly complex tests/services/devices, patient demand for high-quality care (and often all of those tests/services/devices), time constraints of talking patients out of certain tests while trying to avoid getting sued for "missing things" (defensive medicine), and also trying to get paid by insurance companies. I spent all day on the phone yesterday with patients, and how much will I be reimbursed? Nothing.

- **SJ** Stanford, United States Insured

Mother checked herself into a 4-day stay at a behavioral center (inpatient). Recieved a bill in the mail a few weeks later for something in the order of $20,000 for that specific stay. The expense was extraordinarily high compared to the benefit she recieved from the experience.

- **Laura F** Washington, D.C., United States

I received a bill in a Manhattan hospital after a c-section which the hospital, my doctors, and my insurance could determine what the service was for or who performed it. I tracked the bill to a company in Ann Arbor, MI, which had received numerous complaints with the BBB. I refused to pay, and never heard from the company again. In contrast, we switched to Kaiser Permanante when we moved to Washington, D.C., and have never had any problems with odd claims. Too bad Kaiser is not in New York.

- **Julian** Houston, United States Insured

I got a meniscus surgery on my left knee. A same-day procedure. After expected bills came and were paid (from deductible and my
insurer), a $5800 bill from a "Surgical Assistant" came to my insurer. Before my surgery, I checked with my doctor's office that costs were in-network. All seemed ok. No one told me that my surgeon would require an out-of-network surgical assistant who would charge me too. My insurer denied payment on the basis that surgery's severity level did not require a surgical assistant. Good for them! Shows the abusing intentions. I did not pay too.

- **Katherine Hanson** Calgary AB, Canada Insured

Never! Through surgery to repair a ruptured quad tendon, and a year later, the amputation of my right leg below the knee which included 7 months in hospital and 5 months of physiotherapy with and without a prosthesis I was never billed a dime. But I'm a Canadian. What can I say?

- **Silas Campbell** Deland, United States Insured

My son, age 15, was told by his pediatrician to go to the hospital to get a wrist x-ray after a fall. We received a bill from the hospital for $805.26 for the wrist x-ray. Medicare rate for a wrist x-ray is $52. We had the wrist x-ray redone in the local orthopedists office and the charge was $55. So the hospital has tried to charge a 15 year old about 15 times what it would charge an adult on medicare. I sent the hospital $63, medicare plus 20%. Haven't heard anymore about it(yet, anyway).

- **Anonymous** Everywhere, United States

I can confirm that the whole billing system is screwed and rife with fraud. A friend of mine has had 50+ visits over the past year. His bills would come through as overdue by months even though the procedures just took place a week or two before. He'd get bills from doctors who stepped into his room, ask if everything was ok, then leave. He'd get bills for stuff the insurance already paid off but would say he owed. When he found out, he demanded a refund for all of these billings. That is outright fraud there.....

- **Lesley M.** New York City, United States Insured
I recently received respective cardiologist and GP bills for a $500 and $200 "annual surcharge." The cardiologist's was for "general wellness monitoring" and his promise to respond to e-mails and phone calls within 24 hours and make hospital visits he stated was no longer a general practice. The GP just billed it no explanation. I told the cardiologist I had never e.mailed him and in 7 years called him twice. He said "It's up to you." I found a cardiologist with no surcharge and a GP that practices within a N.Y. hospital clinic.

- Anna A Riverhead, United States

We received a bill from an internist, who was a hospitalist at the hospital my husband was in. he came in due to my husband becoming dizzy when standing with a drop in blood pressure. he saw him about 1 minute 4 times and gave terrible advice. We appealed and lost.We were told that this practice is famous for doing this and worse. They accept very few insurance carriers and bill more than any insurance carrier would every pay.

- Keely G Durham, NC, United States Insured

As a family doc, I've seen surgeons/anesthesia routinely order tests as "pre-op' that are not only unnecessary but also that have been done at our office within the previous 2 weeks. I've been asked to 'clear' patients for surgery, I've sent results along, and had my advice ignored, tests repeated and costs all passed on to the insurer and patient.

- R H Albion, United States

I went in to get blood work done, just one test. So the test happened, and then multiple doctors looked at it, and charged for their time. "Consulting physicians" apparently, even though I'd never heard their names at all.

- M L Columbus, United States

2 years after I was admitted to the hospital semi-conscious, I was billed for repeated "occupational & physical therapy and evaluations". Impossible to do on an unconscious patient. Family and friends who were with me 24/7 said it never happened. I certainly had no
recollection of it.... After repeated harassing phone calls & letters from the supposed provider's collection agency, I referred it to the State's Attorney General's office for a fraud investigation. The harassment & demand for payment has stopped, for now.

- **James Ryan** Forest Hills, ny, United States Insured

  Yes, but I try to limit any charges by adding a statement to all the paperwork I sign which indicates that I will only pay DEDUCTIBLES and Co-Payments ONLY, as determined by my Insurer.

- **Nolan L** Tampa, United States Insured

  I had a successful liver transplant at Tampa General Hospital a few years ago. In hospital for 10 days there was a stream of unwanted medical visitors. A woman came round to supervise me blowing into a $10 plastic device billed at $200. The visits only stopped when I showed the surgeon that I could hold the ball in the airstream longer than he could. The worst though was the outrageous charges for medications. $40 for an aspirin etc.

- **Ellen L** Breinigsville PA, United States

  In June 2013 I had a spinal fusion at the Hospital for Special Surgery. When the bills started to come in several months later, they were simply brief statements of the amount I owed without any explanation or itemization. I had to call the facility to receive an actual bill and then dispute several charges line by line. Many people would not know that the itemization was even available and would have paid the amount claimed as owed without any question.

- **Alexandra A.** Seattle, United States Insured

  I had several biopsies performed and knew I would be receiving a pathology bill from the screening laboratory, but was surprised when I received a second bill from a laboratory I'd never heard of for twice the amount of the first lab's bill. The second laboratory had apparently been asked to "consult" by the first, without the knowledge or consent of my physician or myself. At the time, I was a self-pay patient and had no recourse through an insurer to dispute the charges.
• **Charles Spence** Austin, United States
  
  My wife had a Glaucoma surgery and after the surgery we received a bill from a cardiologist that we had never seen or even heard of. A Cardiologist was not even required for the surgery. When we questioned them they said it was just a mistake but continued to receive bills for over 6 months.

• **Elizabeth B.** Rochester, United States Insured
  
  I'm 61, fairly healthy (high blood pressure), but the changes in practices and insurance - even Obamacare - are terrifying. I don't have this kind of money even with insurance. If I ever need to go to the hospital for surgery I'll make arrangements to die. These are untenable, absurd choices.

• **Bill** NY, United States Insured
  
  This has happened to me several times, and it seems pretty common that there's a whole range of physicians: assistant surgeons; anesthesiologists: recovery room/ICU specialists - to name a few - who deliberately take NO insurance so they can bill the patients directly above what any insurance might pay. In the case of my heart surgery which my HMO had pre-approved, they paid the assistant surgeon's "surprise" bill in full, after the hospital billing office suggested I tell the HMO he was a "no-choice-physician" - if I remember the term correctly. Some docs appear to "specialize" in this scam...

• **j r** east bay, ca., United States
  
  I'm currently still uninsured. It's happened when I was insured, and also when I've been uninsured. Got a bill from some doctor somewhere around Nyack for $400+ after a 1989-ish ER visit at St. Vincent's; wrote him I was going to one of the consumer reps on some NYC news show. They decided to waive the fee. Several years ago it happened at John Muir Hospital in Walnut Creek; $1400 ER visit - they couldn't give me a price while I was there. $28 antibiotic pill, saw a PA, got a separate bill from an MD I never saw.

• **L C** Colchester, United States Insured
I am a doctor in training. When I was a teen, I dislocated 3 fingers and received a bill for someone to wheelchair me to radiology. I just want to apologize to everyone who had bad experiences with the health care system. I also would like to add that we doctors (impatient care) have no control over the bill.

- **Colorado Springs, United States**

Fell through ice on river in subzero temp and came up about 100 yards down river. Seizures and drop in body temp resulted in full body seizures including heart. Three weeks in intensive care and 1.5 weeks on cardiac floor resulted in big bill. But the part most disturbing was for the ER doc who dropped by to say how are you doing and what is new every day. He was a GP who was collecting from me for about 20 grand. No training or contribution. Someone who I thought was nice but just collecting his overpaid salary.

- **Lawrence B Del Mar, United States Insured**

I am disabled on a fixed income. I recently had a set of standard blood tests done that have been in the past been fully covered and paid for by Medicare. The last time I had these tests done I received seven separate bills for the tests from the testing lab totaling over $1,000. Five of the bills were from a doctor I had never heard of or requested services from ranging from about $35 to over $300 dollars. The tests were totally normal. The doctor who ordered the tests charged me no fee for reviewing the tests.

- **Carlos P. Houston, United States**

As a new comer to the US, I was surprised and dismayed when after clearly stating to an American doctor that I was no familiar with the health system here and therefore wanted a total estimate for my mother surgery, i.e.: to total amount to pay and forget about the issue, I started to receive hospital, lab, and x-rays bills for services I thought should had been included in the total estimate. Together with out-of-pocket insurance cost, I ended paying $200,000 that I still am not sure where they come from.

- **Mark G Berkeley, CA, United States**
When I dealt with Sutter Health hospitals I found it impossible to know the cost before surgery. The charges were greatly in excess of what was reasonable while what the doctor got paid was minimal. Require that the physician be provided a copy of all of the Hospitals charges for the patient. They either do not know or do not want to know.

- **Fiachra O'Driscoll** New York, United States Insured

  In 2004 I herniated a neck disk with the same symptoms as Mr. Drier. I was referred to a surgeon on the Upper East Side who looked at MRIs and said I urgently needed spinal fusion. Happily I have a cousin who is a senior consultant spinal surgeon in Britain's NHS. I mailed him the same MRIs. A week later my cousin told me that if the surgeon had been British my cousin would have reported him for malpractice. Crazily, my insurer would cover the $100,000 surgery but only 10 physio sessions. Ten years later, my neck is still fine.

- **Jane W.** Princeton, United States

  I had a breast biopsy. I had HMO and made sure that the hospital was in network. They were, and I was relieved that the insurer will pay the whole thing. However, afterwards I received five different bills. The hospital told me that they were in-network, but none of the other doctors were. The HMO paid them the in-network rate, but they want me to pay the balance. My protest to the hospital and negotiations with the doctors resulted no resolution. It took the involvement of the state health commissioner to resolve the matter in my favor. Illegal practice.

- **Jim J** Carlsbad, United States

  It wasn't a major $100,000 surprise, but when I was hospitalized over night at a cost of $17,000 I noticed a line item on the bill for a Bayer Aspirin. $350.00. Later, I stopped by a drug store and noted the price of a bottle of 200 aspirin. It worked out to about 4 cents per tablet. That's one heck of a mark up. I wonder what else is being marked up so much?

- **Marlin Schmidt** Tamps, United States
In Newark NJ, during a procedure by a cardiologist to emplace two stents, Medicare was billed for a doctor who visited me in recovery to see how I was doing. He was a hospitalist, who apparently was hired to oversee how my caregivers were doing. Medicare paid, but I don't see the necessity of that.

- **Nicole Escobosa** Cliffwood, United States Insured

Yes, my husband and I secured prior authorization to use an out of network surgeon for a rare procedure that no in-network surgeon in our area was qualified to perform. Our insurance company agreed to pay the higher cost. When we received the bill, a surgeon we had not met or known about before the surgery had tried to charge our insurance for the same procedures. He was listed as an assistant. Our insurance denied his claim. He fortunately, did not forward his 60,000 bill to us.

- **jeanne B** Santa Fe, NM, United States Insured

My best friend had a sinus surgery done and her doctor was in her insurance plan and he only worked at a specific hospital. After her surgery she found out the hospital wasn't under her plan and NM Blue Cross would not cover the hospital fees. So now she owes $52000.00 to the hospital. She is a hairdresser and just can't afford this!! Why are we curtailing to insurance companies?

- **Danni Reliech** Springfield, United States Insured

My doctors would routinely bill me (or rather the hospital network, since these were all owned by the same group) a year after services occurred. I would consistently get bills, that for me receiving the very first one would be 2 months past due

- **Gary K** Chonburi, Thailand Insured

I got something in my eye on a windy day at the beach. I could not wash it out and no one could see it, but it was driving me crazy so I went to the ER. They weren't busy and two doctors saw me and got it out. Tiny, tiny but it was driving me crazy. A nurse washed my eye and they gave me three medicines. The bill came to 250 baht, which
is about $7.50 US. A citizen of Thailand would have paid about $1. as they have universal health care with a small deductible.

- **Frank S** Honesdale, United States Insured

  I was told by the doctors nurse that my procedure would be covered by my insurance, then I received a bill for the full amount and they said the procedure was not covered. Plus they sent the bill to a collection agency which left a bad mark on my credit rating. It seems like they learn more than medicine in school. They learn how to cheat and scam. I also experienced like the lady doctors who look in the door and say how are you then get a bill for 650.00

- **Elaine R** Oakland, United States Insured

  I had an emergency room visit where they charged my insurance for blood work. There was no blood work. I called the hospital to dispute this. The person on the phone (probably in an office in another country) insisted blood work was done. I said, "Fine. Where are the results?" No results? No charge. I think they rubber stamp a lot of stuff.

- **Kristi H** Anacortes, United States

  Decades ago, I went to a proctologist for a consult. First visit with a new doctor. He examined me briefly and prescribed a topical cream. Then he billed for a sigmoidoscopy! I wrote a letter pointing out I’d had a sigmo before and knew what it involved. With him, there was no prep, no monitor, no nurse present, etc. Fortunately my insurer had already disallowed the sigmo as not the primary purpose of the visit. Still, the dr. called me and insisted he had done a sigmo! I imagine I'm not the only pt. he tried this on.

- **Randal J** Portland, United States

  When my son was born, a nurse came in and asked me if I would like to give him his first bath. Sure. They handed me a couple cloths and towels and let me bathe him. I was the one to bathe him. There was no instruction or supervision from any healthcare staff. The whole thing took maybe 10 minutes. No big deal, right? A couple months later, I got a $800 bill for this bath. The hospital charged me $800 for
me to bathe my son. I was furious. It isn't a huge amount, but illustrates the practice.

- **mark winograd** Phoenix, United States Insured

  our daughter lived in NYC, and was covered by our bcbs policy. needed elective surgery; went to weil medical center doc, and told that they had to clear her insurance before they could do anything. THEY CALLED BACK AND SAID EVERYTHING WAS PERFECT. months later bills start rolling in from everywhere, hospital, surgeon, pathologists, radiologists; doctors i've never knew existed. so far $50,000 and climbing; they all claim she was out of network. forget global warming, get justice for my daughter.

- **Clare E** Houston, United States Insured

  Yes, I had a needle biopsy last year that was pre cleared through my insurance. Several weeks later I received a bill for $5600 from a pathologist. Not even the pathologist that wrote the report on my biopsy but, apparently, an out of network pathologist who checked that the samples were ok while I was under sedation. I never met this woman and I was only under sedation for about 45 minutes. $5600 is more than I earn in two months. It makes me angry just thinking about it. Luckily, I did not have cancer.

- **Peter L** Bremen, Germany

  No one in my family has had an unexpected bill in the last 10 years since we moved, and there have been several serious conditions, including hospital says and specialized care. Not only that, but both physicians and nurses have been both caring, respectful and expert in diagnosis and treatment. And there has never been any hint of overcharging. Pretty unusual? Oh, I forgot to say that we live in Germany!

- **Jon Roberts** Louisville, KY, United States Insured

  The same thing happened to me in 2001 for a planned C-Section. The assistant doctor, whom I never met, billed more than the OBGYN and was out-of-network. A couple of phone calls to the Hospital that was in-network was the solution. I threatened going to my insurance
company to file a complaint against the hospital for misleading me that they were in-network but got out-of-network charges. The hospital called the assistant doctor and the bill was suddenly much, much less.

- **John Hrvatska** Ithaca, United States Insured

  A few weeks after an operation on my foot I went to a scheduled visit at the office of the podiatrist who performed the operation. Right before the end of the visit the podiatrist took a pair of clippers and clipped three of my toe nails. I took less than 15 seconds to clip the three nails. Nothing was said before, during or after the clipping. I found out that he billed my insurance company $65 for a 'debridement' procedure. I could have clipped those nails for free.

- **Denise F** Jacksonville , United States Insured

  Mayo's in Jacksonville billed extra for an "assistant surgeon" in a shoulder repair. This was a second surgery, the first surgery did not require an "assistant surgeon". My insurance refused to pay and would not make it part of my deductible since it was unnecessary.

- **Rick H** Boston MA, United States

  First child, had insurance (33% copay), total cost around ~$50K (~$15K to me). Notices came and my wife asked me if I was going to pay. I told her I was not. Eventually someone from the hospital called talking about a settlement/payment plan. I said sure, I'm willing to settle for 90% off. He said "impossible". I said it's not our fault that medical billing is broken (gross over charging). I had seen what had been compensated through my insurance and felt it fair. I concluded with "I consider the matter closed" and never heard about it again.

- **Sarit D** Manhattan, United States

  I underwent a minor surgical procedure and was surprised to receive a bill for an assistant, who was considered "not necessary" by my insurance company and for whom the insurance refused to pay. I called the MD's billing office to complain and told them the insurance wouldn't pay, and they excused the bill completely. The only reason
this happened is because I have physicians in my family, so I know I'm very lucky.

- **Dragon** Out West, United States

  I found out that my surgeon's associate had assisted with my procedure, when I had to see the associate for an unexpected follow-up visit. The bill wasn't huge, and in hindsight I wasn't surprised that my surgery needed two sets of hands. My doctor just didn't tell me beforehand that his associate would be there. On a separate positive note, the endoscopy center where I had my first colonoscopy told me upfront that they weren't in-network with my insurance. But since my gastroenterologist was, they billed their charge at the in-network rate.

- **Rivka W** Los Angeles, United States Insured

  Before my child's endoscopy, I called the hospital to make sure that the doctor, anesthesiologist, and pathology lab were all in-network. They said they were. I then got an out-of-network bill from pathology. When I called, they said there are two pathology labs, one in-network and one out-of-network. The lab used was the out-of-network lab (both were in the hospital). I negotiated the pathology lab bill down to the in-network rate.

- **Kristen L** Seattle, United States Insured

  My husband and I are self-employed and have been dealing with this issue since before ACA. Every time anyone in my family receives medical care, I ask about the cost. Before ACA, doctors were surprised even to be asked. Even now they seldom know what we will be billed, or by whom. They seem no more in charge of what goes on our bills than we are. Strikes here in Seattle helped fast-food workers get a liveable minimum wage. Imagine if patients and providers around the country struck for fair and transparent billing practices.

- **L R** Northern California, United States Insured

  My 6-year-old was born with a cleft. We chose our insurance because his craniofacial team was in-network. But when we got the bill for a visit with the team's psychologist to help him deal with bullying at school we learned that the psychology staff is out-of-network. It
makes no sense for some members of a team to be in-network while others aren't. Likewise with the adult side of the hospital, where the hospital itself is in-network, but the physicians group that practices there is not.

- **Deborah S** Long Beach, United States Insured

  My father died of a massive heart attack at his office. Paramedics who happened to be present in the building confirmed that he was deceased. An ambulance arrived an hour later. He was pronounced dead on arrival at Bellevue. My family was stunned when a stream of bills from multiple doctors started to arrive while we were sitting Shiva. Multiple doctors billed the family of the deceased for examining or observing a DEAD man. My mother contested the bills. I'm not sure if she had to pay in the end. Just how low will doctors stoop? He was DEAD.

- **Donna B** Eugene, United States

  Billed for a c section I didn't get. I called the insurance to tell them and was told they had already paid it and didn't care to pursue the matter.

- **S J** New York, United States Insured

  I had a straightforward knee operation from a sports injury conducted at an outpatient facility in NYC (in which, it was noted, the surgeon may have had a financial interest...). The orthopedic surgeon said he would be performing the operation. When I got a bill, it included the same full billing amount (which was already huge!) for not just the surgeon and the anesthesiologist (and the facility...) but also for TWO 'assistant surgeons' who turned out to be the PAs from the doctor's office. It was a nightmare to try to resolve the matter... :

- **Wendy T** Hilo, United States

  Yes- Emergency room visit cost 23000 for 5 hours. The billing was wrong. They charged me a level 5 fee- or equivalent to a life threatening heart attack or Gun shot wound. They triple charges me for things not administered. The insurance will pay but the charges
were wrong. I know medical billing but without the knowledge, I wonder how many others can identify the errors.

• **Philip W** Chicago, United States Insured

  While covered by a student insurance plan, my doctor ordered some blood tests to try to find the cause of some significant health troubles. Only after receiving a Byzantine bill for several hundred dollars from the lab did I discover that my insurance considered the tests "preventative" and was thus not going to pay. It took months to get everything sorted out.

• **B Notuboy** NYC, United States Insured

  Had surgery on my back at NYC Hospital for Special Surgery. Weeks before pre-op review I requested in network doc. When I arrived, she was "busy" and out of network doc was available. I declined, demanded in network exam, they complied. After surgery, pain specialist came to my room. I asked if he were in network. He said rest, don't worry. I told him get out and send the resident. He came back two more times. I told him I would not pay. After I got home, Got bills, but did not pay. That was 4 yrs ago.

• **Sheridan West** Sherman Oaks, CA, United States

  On several occasiona, the doctor was paid at the time of the office visit. Her practice group's billing department recoded the charges and tried to collect I refused. The doctor agreed with me, the billers must be paid a percentage as they did not back down. I complained to the CA aattorney general and their. office was told that the charges were dropped a "prompt pay" discount (did not address the recoding issue). The collectors must be getting a % for this to be happening on this scale. You need to research the conflict of interest.

• **T K** Glendale, United States Insured

  I was supposed to only be in labor & delivery triage to have my blood pressure monitored. There was a lady in there in pre-term labor, so the nurse took me back to another area 'so it would be quieter." It was an actual birthing room, and I figured that since my OB's note only said triage for BP, they would sit me sit in the room but only bill
my insurance for triage. They billed me for a "private room," and I am fighting it. I did not want a private room, nor did I need one.

- **Nancy Roberts** Montclair, NJ, United States Insured

  My son was treated in the emergency room for a broken arm. The hospital accepts my insurance, and I paid the expected fee. Sometime later, I received an additional bill for another ER doctor, who is out-of-network. I never authorized his services. Now my insurance company is refusing to pay his bill, on the grounds they need only pay their out-of-network portion. I'm fighting it, but in the meantime, I appear to be stuck with the rest of the bill for a doctor I would not have chosen had I known he does not accept my insurance.

- **Angelo** Tenafly, NJ, United States Insured

  In 2001 I had surgery to remove an AVM from the spinal-cranial junction. The neurosurgeon and vascular surgeon accepted my excellent insurance for payment. I received a bill from an unknown doctor for $18,000 for monitoring my nervous system during the surgery. The insurance company valued his participation at $2,000. I called the physician. When he realized why I was calling, he hung up. The next day he sent the bill to a collection agency. Happy that I was healthy, not paralyzed and appreciative of the care and skill of the two surgeons, I paid the bill.

- **Isabelle H** Santa Cruz, United States Insured

  Son broke wrist, fell over in park playing Frisbee. Wide variety of in and out of network charges within in-network facility. Xray tech in-network. Guy who reads Xrays - not. No way of knowing beforehand. Orthopedist required cast to elbow to stabilize complex fracture, insurance company refused to pay beyond wrist, billing clerk overruling surgeon on medical decision. Went to arbitration, I won, insurance company forced to pay. Win followed by phone calls from debt collectors suggesting that son had really broken wrist in traffic accident. Presumably so they could get the money back via auto insurance?? Total scam.

- **jennifer h.** prague, Czeck Republic
Broke my foot in Singapore while visiting as a tourist. Went to the emergency room, and not only was I in and out in less than an hour, the entire process, including ortho consult, x-Ray, crutches and the sturdy plastic removeable boot cast, cost me a whopping grand total of $450. What are they doing wrong? I could also tell you about the universal healthcare here in the Czech Republic if you like.... :)

- **Alex Raymond** Albuquerque, United States Insured

  My mother had two cataract surgeries and received a bill for over $1000 an eye from an off-site facility fee. Called the insurance company who told them that in MA you cannot be billed beyond what insurance already paid. Fought the company up the food chain until they finally acknowledged that they legally could not bill her. It was a fight to get the company to acknowledge the law. I still wonder how many pay without realizing they don't have to.

- **Phil Dominguez** Lamont CA, United States Insured

  My son pushed a bean up his nose, and we couldn't dislodge it. We went to the local hospital emergency room, signed onto the waiting list, and after waiting over an hour in the waiting room, my son sneezed, an out flew the bean. We were unable to get attention to notify "problem solved", so we left. 2 months later, got a bill. This was resolved by phone.

- **Joseph M.** San Jose, CA, United States Insured

  Yes. Was hospitalized in June 2014 in a Sequoia Hospital in Northern California. No surgery. Two and a half days stay under IV antibiotics to treat an infection that started with a simple sore throat. My insurance paid about $13,000.00 and I received a bill from the hospital for my share of $600. So far so good. Then a month later, I received a $1090.00 bill from a Galen Physicians for services they claim they provided at the hospital. I have not paid the bill yet and I do not intend to pay.

- **Carly McCarrolli** Ocean City, MD, United States Insured

  I live in MD and had surgery in 2009. The surgeon I consulted prior to the surgery was chosen because she was in-network, as were the
hospital and gastroenterologist. After the surgery, I began receiving bills and statements from the hospital, the anesthesiologist, the surgeon, the gastroenterologist, and the insurance company. It appeared that everything was going to be covered at 100%. Then I got a bill for $1200 from the out-of-network surgical assistant I never met nor chose. I refused to pay and still refuse. It was sent to collections and I didn't care. I'm not paying. Period.

- **Neal D** Los Angeles, United States Insured

  I was having a severe allergic reaction to a commonly prescribed antibiotic and visited a local ER. While in the ER I was administered several large doses of a powerful drug used to counteract my allergy. My condition improved and later that month I was given a bill for the single visit at around 6500$. The bill included a Dr. out-of-network charge for 1500$. The hospital covered 90% of their 4500$ charge after many hours of negotiating. However, the ER Dr.'s network threatened to send me to collections without prompt payment.

- **Phil R** Seattle, United States

  I'm a physician and I find this to be outrageous. When my wife delivered our first born at a Dallas hospital, we had almost no bill save for several thousands of dollars charged by an out of network anesthesiologist (group was based in GA). It's pretty blatantly fraudulent -- if not legally then in spirit -- and needs to be addressed legislatively to provide patients with protection from these unexpected and often exorbitant charges.

- **Alfonso B.** New York, United States

  My mother fell in church and was rushed to a NY hospital. She told me it was just a painless bruise as she had had before. The hospital would not release her. They took x-rays and said she had to stay overnight for observation. Other tests were made. The next day she was let out. The bills arrived, some from people that just lifted the covers and looked at the bruise and signed-in at the clipboard. The bills added up to $21,000 that we had to pay up after threats, for us a very large amount.

- **mark anderson** ny, United States Insured
Physical therapy practices often involve this kind of extra billing. When I went to see a physical therapist for back pain, I was told the rate that would be charged to my insurance company. But after I arrived and received primary treatment, I was then handed over to other people in the office—one did injections to the muscle and put on a special tape; another prepared a series of exercises for me. All of this was billed as extra, resulting in 400 dollar charges for a single visit.

- **Brenda Becker** Brooklyn, United States

My late mother, a patient in Brooklyn's Congregational Nursing Home for a year before her death in 1999, suffered from depression and anxiety and was on several psychiatric medications (but was cognitively unimpaired). She was amazed to learn about the huge charges billed to Medicare for "consultations" by the home's staff psychiatrist on a weekly basis. These consults, she reported, consisted of the doctor in question stopping by the door of her room, saying "Hi, how are you?" and leaving after a few moments of small talk.

- **C T** Middle Island, United States

Several years ago my daughter badly cut herself accidentally. In the ER a physician examined her and said a nerve was cut. He was unable to re-connect it and said she would need an operation under general anesthesia later in the week. I figured out after the ER that the doctor wasn't in our network and called a network provider the following day, who did the actual operation. Insurance paid a reasonable fee for the second doctor. The first one billed us for almost $10,000 although all he did was put in 10 stitches. I am still furious.

- **David L** Ocala, United States Insured

Yes it happened to me after gall bladder surgery. I called it drive-by doctoring. The Dr. comes in asks a few questions and will bill LARGE amounts even though you did not ask for him or even know him. So far I have refused to pay and am willing to go bankruptcy court to make sure he doesn't get paid!
• **Randy Yates** Chico, CA, United States

Yes, scammed while unconscious. Sent to collections. I think they hoped I had a home, but I lost that to hospital bills in 2010. Collection agency sued. I countered with no lawyer representing self In court. Now in settlement discussions. Nightmare that doesn't exactly contribute to my health. It's criminal. Absolutely criminal. Enloe Medical Center and the worst health insurance company on the planet, Allied National. Criminals.

• **Bob F** West Camp NY, United States

My son had been hospitalized for spinal surgery performed by his neurosurgeon. My wife and I happened to bump into the daughter of a family friend who was on staff at the hospital. She dropped in to say hello, a purely social visit as her specialty had nothing to do with his course of treatment. When we received the a copy of the bill provided by the carrier, we observed a charge for a "consult" conducted by her. Needless to say, we contacted the insurer and informed them not to pay, and then we called her mother.

• **Joanne C** Oakland, United States Insured

My daughter received an $800 bill from a laboratory for a cholesterol/lipid panel ordered by her doctor as a "preventative" test, which should be free for her under ObamaCare. The laboratory upcoded the test to "diagnostic" to increase the charge, which then was billed to her as part of her insurance deductible. Upcoding also occurred when she received a routine "preventative" mammogram, resulting in a $1500 bill. Changing charge codes not only increases revenue for the laboratory, but results in bills to the patient for preventative services that are supposed to be covered by insurance companies under ObamaCare.

• **Robert Cuminale** Charlotte, United States

I've had 14 surgeries since 1999, 17 since 1967. I've never had one surgeon call someone in on a surgery. I certainly have never had a plastic surgeon to close the wounds. BCBS of North Carolina would never tolerate what is occurring in NY.
• **Xavier M** Los Angeles, United States

My wife delivered at Northridge Hospital, an in-network hospital for our Blue Cross plan. The anesthesiologist operating INSIDE this in-network hospital happened to be out-of-network, which we were never told. Later received a $3k bill (anesthesia alone). Offered to pay the exact sum covered by Blue Cross ($1.7k out of $3k, fairly generous for out of network care). They said they would consider the offer and get back to us. Never did. Sent us to collections 1 year later. We still haven't paid them though. Is this really happening in a developed country?

• **Andrew Hart** Boston, MA, United States Insured

Over summer of 2014, I had shingles, which got so bad that I needed to go to the ER. When the ambulance arrived, I struggled down my stairs without help from the EMTs. The EMT taking my medical history regularly forgot my answers to questions. And they were reluctant to take me to the ER I wanted to go to: 6 miles away instead of 1. And the bill for this glorified cab ride? $1,300. Even better, my insurer paid 91% of it, yet the company had the audacity to "balance bill" me.

• **john taro** tokyo, Japan Insured

US may have great doctors but the system fails to work. I went in for surgery in a major hospital in Tokyo, my insurance covers 70% and I had to deposit $7000US for possible overrun costs. It was returned to me when I left the hospital two days later. It is amazing what Americans put up with.

• **carol b** san francisco, United States Insured

I was surprised to see on my chemotherapy bills that the facility charged $835 each time a nurse inserted an IV needle into my arm. The chemicals infused cost $17,000 for each treatment which insurance paid, but that didn't include the needle stick? I'm lucky they didn't charge for the band-aid on my arm afterwards. Or rent for the chair for 5 hours.

• **Jonathan R.** New York, United States Insured
Shortness of breath brought me to the ER at Columbia University Medical Center. After an EKG and X-ray, I was put in a bed for 4 hours before a resident came to tell me everything looked fine, but they were still waiting "some results". A nurse then gave me a sedative shot I knew nothing about, saying "this is the good stuff". After 8 more hours in bed with no physician contact, I was released with no further treatment. Was later shocked to discover that they billed me $2500 for an "extended stay", due only to their unnecessary sedative.

- **Ian Cooper** Silver Spring, United States Insured

  I recently got a $4000 bill for blood tests sent to a non-covered lab. Health insurance is ridiculous here in the US, even after Obamacare. This would never have happened in a single payer system.

- **Maureen S** Atlanta, United States Insured

  My 20 yr old daughter has never completely recovered since having H1N1 5 yrs ago. She was referred to a Neuorgentics Specialist, who sent her for a biopsy, spinal tap, ect. the center said they were a BCBS preferred provider! as were the doctors. Then BCBS says they are not and they will only pay $2000 usual and customary of the $6,000 of the facility fee. The doctors were preferred. I called asked, answered yes we are a BCBS preferred provider, I said not according to BCBS. They want copy of statement for revised bill, never received, deceptive practice.

- **Arne D** Oslo, Norway Insured

  A few days after visiting Ghana and Nigeria I began coughing blood so went to the hospital, in case I had caught Ebola. I was put in isolation, the central hospital in Oslo handling epidemics sent an ambulance for me, an hour later tests began and two hours later the results were clear: no Ebola - but severe cerebral malaria - 24 hours later and things could have been ugly. Result: 3-day medical treatment, released from hospital 48 hours after initial hospitalization and sent home in a taxi. At check three days later declared completely malaria-free. Total price: zero.

- **Michael Olenick** Fontainebleau, France Insured
My wife and I went for routine colonoscopies to an in-network doctor and clinic. Same clinic, same doctor, same insurance, one after another. We received an $1,800 bill for an out-of-network anestisilogist only for her! The same anestisilogist who took care of me a few minutes before and who I verified was in-network. I told them I'd give them five minutes to fix the problem before suing to figure out, in discovery, if this doctor was swapping in and out of network to defraud people. They zeroed the billl. We've since moved to France where this can never happen.

- **Susan Young** Santa Cruz, United States Insured

I've been hit by large bills from out-of-network anesthesiologists. I have learned to quiz the surgeon ahead of time to make sure the anesthesiologist is in-network. Many don't join networks because they know they can get away with charging out-of-network fees without the patient being aware. My question: what percentage of anesthesiologists even join networks?

- **Anonymous** Tenafly, NJ, United States Insured

In 2001 I had surgery to remove an AVM from the spinal-cranial junction. The neurosurgeon and vascular surgeon accepted my excellent insurance for payment. I received a bill from an unknown doctor for $18,000 for monitoring my nervous system during the surgery. The insurance company valued his participation at $2,000. I called the physician. When he realized why I was calling, he hung up. The next day he sent the bill to a collection agency. Happy that I was healthy, not paralyzed and appreciative of the care and skill of the two surgeons, I paid the bill.

- **Alice H** Austin, TX, United States Insured

My mother had bypass surgery in the early 90s. My dad was convinced that doctors walked by her door, jotted down her name and sent a bill. Glad to hear that Medicare has addressed this problem.

- **S Rackow** New York, United States Insured

After a recent minor surgery, received a surgeon's bill. I questioned the insurance company's denial of the bill as they had paid for the
hospital's bill for surgical services. On appeal, the insurance company reversed itself and paid the bill. I believe that when a procedure is denied, we should appeal the issue as many times as it takes to get a satisfactory conclusion.

- **Sheila McMillan** Somerset, United States

I first saw this problem when I got a bill from an out of network lab for a test done by my gynecologist. I have been seeing this doctor for many years, and never an issue. Called Mass Blue Cross & Blue Shield, and they paid the fee, but warned me that I need to inform my doctor's not to use out of network labs, doctors, etc. without my consent. Now when I visit my doctor's I make sure to inform them.

- **Nada King** Elliston, Va, United States Insured

In July 2010 I fractured my wrist and went to emergency room. Stayed in hospital overnight, less than 24 hours. My bill was $31,000 dollars. That did not include doctor's fees. I was told, if I didn't have insurance we would have to pay $25,000, to the last cent of it Our insurance premium was over $1,000/month, even with my and my husband's good health. Fees and deductibles we had to pay was close to $4,000. It wiped out all of our yearly savings.... What is being done to American people is nothing less than criminal.

- **Ashley M.** Charlottesville, United States Insured

I was hit with an "assistant surgeon" fee back in 1996 when I had gall bladder surgery. The doctor waited until after all the other bills had cleared and been paid. And just yesterday I had to pay a "refraction fee" to my ophthalmologist when I had an eye exam because they checked my prescription when they looked at a cataract. Doctors are thieves.

- **Anonymous** Philadelphia, United States Insured

I saw an new internist and received a bill from him, and then another bill for the same service labelled a "facility fee." The bill was $19.32. I refused to pay. I learned from a too-candid billing clerk that they do this two-step billing because medicare will pay them more than they would if the internist had submitted a single bill.
• **Rob Johnson** Port Jefferson, United States Insured

   Yes! My wife needed several routine medical tests for her green card application. The government specifies the tests. Insurance doesn't cover them. Patients remain conscious. Doctors do these tests frequently. In short, there is no reason a doctor cannot quote an accurate fee up front. We were quoted $250. But we received a bill from the lab for almost $700. How can they justify this? Was the doctor unaware of the lab fee? Was my wife unconscious? In need of emergency treatment? No! This was fraudulent, deceptive billing. We refused to pay. They gave up bothering us.

• **John Simko** Alajuela, Costa Rica

   No. I live in Costa Rica, where for about $60 per month all medical expenses are covered by the Caja Costaricence del Seguro Social. Recently I spent 15 days in Hospital which included tests and surgical procedures, all for no charge. The U.S. should have a single payer system at least.

• **Tom Salisbury** Boise, United States

   Mark Kennedy is correct. I am an American citizen and lived in the Netherlands for 23 years. In all that time I spent a total of three weeks in a hospital for a collapsed lung and five arterial stents. My monthly premiums were around $150 and my total cost for all the surgeries was $0. Republicans call that "socialized" medicine. I call it "reasonable" and morally responsible medicine. I'm grateful for the fine Dutch medical system and wish we had it in the U.S.

• **Darlene Moak** Charleston (SC), United States

   Several years ago I sought evaluation and treatment for a bad case of hoarseness. I utilized my local hospital (Medical University of South Carolina) and a ENT/voice specialist I had seen before. I was charged for her services but also billed for a $2200 "hospital facility fee" for a 15-minute procedure (laryngoscopy TWICE (initial & follow-up visits). NO ONE advised me of this fee and even though it was reduce to about $600 I ended up paying it because I have a $3000 deductible. I will never go back to MUSC because of this experience.
• **Vincent Franco** Seaford, United States

I have experienced these out-of-network charges and think that a simple statement by the insured, at the hospital, "that only in-network staff is accepted," to assure that others will not be paid. The insurance companies need to step up to the plate and see to it that hospitals have paperwork to protect the insured.

• **Jonn Mero** Sundebru, Norway Uninsured

Got new knee in Norway. Total cost: about $200 equivalent, which included physiotherapy for 3 months. Also 2 weeks in hospital in Australia, - $0! If socialism means good health care, I would prefer that anytime to the US system, where greed is the seemingly only driving force for the bulk of the population.

• **Joseph Londe** Geneva, Switzerland Insured

We (Brits) live in Switzerland, we have universal compulsory coverage, with basic (not quite the right word given the top-notch care available) and additional levels of coverage if you chose to pay for these. My wife had two major orthopaedic operations, another serious abdominal operation, spending more than two weeks in hospital for these. Total bill: $0. Swiss public and overall spending on healthcare is much lower (as percentage of GDP) than the US, yet we have universal coverage, overall life expectancy is higher, children mortality lower, etc. US system? No thanks, definitely not for us. see: http://goo.gl/kPmhu2

• **Cliff S** New York, United States Insured

I went to ER a few year back for a pain which required no more than doctor to do routine check and turned out was a minor issue. I have Blue Cross Blue Shield that had a charge of about $125 for emergency visit. A few weeks later I got a billed for 350 $ stating the doctor seeing me was out of network?! Why wasn't I told when I came in. I didn't think I had to ask for in in network doctor when one vulnerably comes into an ER?

• **Anonymous** fresno, United States
I had spinal fusion surgery, and all along have NOT been informed of charges, was not even included in the billing process, and live in constant fear of getting some weird charge, even now with each post-op visit with x-rays in hand. The doctor was cavalier about my money concerns, and so far, thank goodness, my choice of an HMO-type insurance over a PPO plan has shielded me from charges, but the opacity of the process was very upsetting.

- **gina l.** Los Angeles, United States Insured

  I received an epidural from a pain medicine doctor. I went over his charge with his office prior to the procedure. Afterwards, I received a bill for three times the amount the office told me would be charged.

- **JJ P** Hanover, New Hampshire, United States Insured

  Made an appointment at Dartmouth/Hitchcock (Hanover, NH) to see a Dr. for an ear-ache. When I got there, it was a physician assistant who prescribed antibiotics. The bill came: $385 !!!!!!

- **Lola Montez** Akron, United States Insured

  It happened to me in 2012. I went for a colonoscopy -- routine, scheduled, screening. Same doctor/clinic as previously. I checked, all in network. Afterwards, I get a bill for thousands of dollars, from the "nurse anesthesiologist", who I never saw or met. This is such an obvious scam! if not fixed, it will destroy the ACA very quickly.

- **Beth B** Princeton, United States Insured

  I was a patient in St Barnabas Hospital in Livingston NJ in July. I was shocked by the bills I received from IMA--Inpatient Medical Associates--the Hospitalist group. I was semi-conscious when I met them in the ER; they made sure I knew they only see patients in the hospital. They are not in my BCBS insurance network though the hospital that employs them is. They TOTALLY upcoded their charges. The doctors pretty much blew by me on roller skates for 4 visits, I got NO value at all from them. Complained to BCBS who could not care less.

- **Robert O.** Washington, DC, United States
Several times, though nothing on the level of the fraud illustrated in this article. Hospital bills are hard to interpret, and the identity and role of physicians providing services are often hidden behind entity names like "Best Practices."

- **Ariane Bissou** Paris, France Insured

In 2004 (it was also my "annus horribilis"), I was diagnosed by a rather rare but invalidating disease before being mortal, a neurinome of the acoustics. I had a 8 hours brain surgical operation, remained hospitalized three weeks, then, six months of therapy, but I still received my salary. All this for zero dollars. And I do not understand why American people do not have a real health system like we have, I really hope that we shall save it, in spite of our powerless leaders, our reckless spendings and our declining demography.

- **Gunther X** Leicester, United Kingdom Insured

I had an emergency yesterday, something wrong with my vision. I saw a doctor within an hour. He examined me and set up a follow-up with a neurologist for tomorrow. Easy, streamlined, and completely free. Not even a single sheet of paperwork. Because I live in the UK. I would never move back to the US. Too many guns, too expensive doctors.

- **Karen K** White Plains, United States Insured

When I gave birth, I had an unexpected caesarean and was charged by the anesthesiologist. That hospitals allow this to happen is no different than if they allowed armed robbers to take your things while you are sleeping. Notification is not enough, even if you are told, you have no choice. Supposedly non for profit hospitals should not be allowed to do this.

- **Ignatius D.** Cupertino, CA, United States Insured

I cut my finger by accident a couple of years ago. I had to make three visits to the ER for the same "treatment" within 48 hours because they could not stop the bleeding. A few weeks later, I was shocked to see the bills -- $2,400 per visit even though the ER technicians or
interns only gave me a few stitches and some band-aid to press against the cut. These charges are criminally outrageous!!

- **Glenn H.** Ann Arbor, United States Insured

Some years ago during a week-long hospitalization, I asked for a copy of my bill the day before discharge. I was surprised by a "room cleaning charge" as my room had not been cleaned all week. A manager appeared who confirmed this by running his finger over a shelf and getting a huge dust ball. I demanded the cleaning charge be removed. Instead, he had my room cleaned five times on my last day.

- **Joyce D** Waltham, United States Insured

I was called back in for more films after a mammogram. Normally this was covered by insurance and no one informed me this had changed. It's now considered diagnostic so that it's part of your deductible. They took three more X-rays and an ultrasound, my bill was $535. If I had know I would be paying, I would have opted for just the ultrasound. It's a great way for hospitals to make money off the many expected false positives!

- **A V** Houston, United States Insured

No, but, my 98 year old mother did on her death bed. It turned into a doctor's buffet. A drive by shooting, of sorts, whereby its like the word gets out, hey, fresh meat lets walk by her bad on rounds and bill her. Why? because the doctor's true patient today is who signs the check, medicare and insurance companies. Private insurers make more money, the higher premiums rise. Premiums rise because bills rise for services. Insurers don't care. They just adjust premiums. That's why Buffet got rich.

- **Ruth Magnuson** Solana Beach, CA, United States Insured

This problem has been around for a long time, I cried when I got a bill for an assistant surgeon for a cesarean section forty years ago when maternity care was not generally covered by insurance. I think we need legislation to make patient pre-approval for all medical charges mandatory. Hey, auto repair shops have to get it.
• **HMichael Hawkins** Mount Alry, United States Insured

What is the solution to this problem? I'm not sure I have one, but I think if I required scheduled surgery, I would discuss with the primary surgeon who is on the operating team and how will they be paid. In an emergency, no one has this option. My brother-in-law was a pediatrician, and was called in in the middle of the night for an emergency which had developed for a new born. He spent hours treating the baby. When he sent them a bill, of course they had no idea who he was or what he did.

• **Andrew Lyke** Whitehouse, OH, United States Insured

In 1967, our first child underwent surgery at age 1 day for transposition of the great vessels. He didn't survive the operation. In talking with the pediatric surgeon after the operation, for some reason I asked who was in the room with Daniel. She said that she, the primary surgeon and the anesthetist were there. Sometime later, I received a request for signed blank insurance forms for "Dr. Senderoff, assistant surgeon". I asked the hospital to send me a bill from "Dr. Senderoff". None came. This has been going on for a long time.

• **Jonathan Smith** New York, United States Insured

I am a 63 year old. Years ago, after I had a routine health check up I received a regular blood test for $1150.00, 35% of which I had to pay. I thought that high. Since then I get my own blood tests done for $125 using an outside testing service before I visit with the doctor. The whole system is rigged. I am sorry for the saps who DO NOT have insurance and get slammed with the full 'retail' bills and loose their homes/savings/lives to what I would call medical malpractice.

• **joseph marzluff** Charleston, SC, United States Insured

This is the most preposterous story of medical greed that I have ever read. I practiced neurosurgery in South Carolina for 40 years and never once sent a bill for anything near 100k. Using an assistant is legitimate, but the typical fee is 20% of the surgeons fee. I think this example is extreme, the vast majority of charges are discounted by
insurance companies and the majority of surgeons and assistants accept that as full payment.

- **rupert barkoff Atlanta** Georgia, United States Insured

  No. but almost everyone has to share in the blame. Insurance companies and medicare do not reimburse fairly. which makes medicine a less attractive professional alternative. Some doctors, however, have so overcharged in the past that patients and insurance companies no longer trust them. And their bills are typically unintelligible. Patients often spend hours trying to resolve issues, which leads to unnecessarily threatened lawsuit, only pouring more fuel on the existing flame. Insurance companies often pay too fast and don't properly scrutinize bills. Just increase rates. All are to blame, but none accept responsibility. Socialized medicine, here come.

- **Lester K.** Brooklyn, United States Insured

  My wife, who visits a social worker every two weeks in Brooklyn, not only receives invoices above and beyond what she was told her fee would be, but the community medical center she goes to charges her credit card without authorization. Also, they charge MetroPlus a rate that is well above the highest rate paid to social workers in NYC.

- **Dave M** Yucca Valley, United States Insured

  I wanted a lump removed. My insurer signed off on the procedure and referred me to a surgeon. The surgeon said he only performs procedures at the large hospital across the street and that I would have to register with that hospital. Prior to surgery I went to register and was informed the hospital could bill me apart from my insurance and that any hospital personnel could bill me separately and that I should agree by signing said form. At that point I cancelled the surgery and I live with my lump.

- **E Kates** Atlanta, United States

  ER following accident. Before even signing in Billing Coordinator wanted deposit and "payment plan" as I was uninsured. BC could not estimate cost so how to make "plan"? For 4 staples to scalp, bill
included anesthesia which I had declined. Both hospital and doctor's group charged for "use of the ER". Called for clarification, informed I was billed as "insured" - some 35% higher - even though I said uninsured on admission form. Calls, letters, faxes produced no relief. Finally made my own calculations, sent check stating that if hospital/doctor disagreed with my math, they could sue me. The End

- **Richard B** Bradenton, FL, United States Insured

In 2006, I was a US resident in Bradenton, FL with a second home in France. I had a choice of having my hernia operation in France for €1500 totally reimbursed by French social security and supplemental insurance plans or pay $150 to my US physician. Naturally, I chose the cheaper rate. But after being kicked out of the hospital after my 6-hour visit, the bills started coming in, including two hefty charges from a couple of 'additional' anesthesiologists. After all was said and done, the final bill came in at $13,000 over a two-month period. France paid for this!

- **Len Charlap** Princeton, NJ, United States Insured

Let me make clear that I hate our present system and support a single payer system, but there are hospitals and doctors that are ethical. Last year I had open heart surgery at Beth Israel - Deaconess in Boston. Before the operation I called the surgeon's office and asked about billing. I was told that all billing for everyone that saw me would be through the hospital, and that the hospital was in network so all charges would be in network charges. And that is what happened.

- **Marlene W** New York, United States Insured

In 1987 I was hospitalized in NYC with a herniated disc and put in traction for 10 days. Several doctors stopped by and asked how I was doing. They never examined me at all. I was shocked when I saw that they had billed me as "consultants!" I was stuck with the bill. This practice must stop. Let the buyer beware!

- **Mark Jamison** Webster, NC, United States Insured

I recently was billed $1100 by an ER physician who saw me for five minutes and did nothing other than dispense prescription. Although
the hospital was in network the ER physician was not. He works for a national group known as the Schumacher Group which seems to specialize in this sort of rent seeking.

- **S N Davis, California, United States**

A few years ago, I needed an uncomplicated surgical procedure performed on my ankle. The specialist who was going to perform the surgery wanted me to go to an outpatient surgical center that he ran with another doctor and told me that it would be less expensive since the hospital charges more for facilities. I went along with his wish, but I was later blindsided by a bill from an anesthesiologist and neither my insurer nor the surgeon’s office would take any kind of responsibility for the bill, so I had to pay it myself.

- **sl r Morristown, United States**

Prior to surgery several years ago, I was told by the hospital to report to a facility for pre-op testing and "counseling." I went and only after surgery did I start getting bills from this facility. I refused to pay because they hospital told me I had to go to this one facility and could not use another lab. BTW, I never received any "counseling." Atlantic Health Systems, the same system that treated Mr. Sullivan.

- **Peggy Stewart Philadelphia, United States Insured**

As an occupational therapist, I was shocked at the OT billings noted above. Yes, the device to assist with putting on socks may have been helpful, BUT the total OT charges at $690 for the visit (eval) and device is ridiculous. For example, the device - presumable billed for $127 costs about $20. So who is making out here? The hospital is.

- **Mary M Wilmington, United States**

This has been happening for years. My 80 something aunt was in the hospital 10 years ago and was visited by a primary care doctor that she had not seen for years. They sent us a bill which I refused to pay. They said he saw her name on the hospital list and decided to drop by!!

- **Judy G New York, United States Insured**
My daughter saw an ENT for sinuses, who was located in a regular office within a large hospital complex. ENT scoped her nose, which involved inserting a small tube in her nose to take a look. Whole thing took about 5 minutes. No anesthesia, nurses or other staff involved. I was billed not only for the dr. visit but for an "operation" in an "operating room". Despite complaints, I had to pay both the co-pay for the "operation" and the dr visit. Insurance co paid their part, no questions asked

- **Carol S.** Portland, Oregon, United States

  Yes. First of all the doctors refuse to say how much the procedure will cost so i have no way of telling how much will be left for me to pay. Second they don't tell me whether or not the anesthesiologist will be in network, or who the person is so that I can check. A breast biopsy cost me $5,000 out of pocket, that was two months salary!

- **Cindy L** Annapolis, United States

  Yes, I had a similar situation being billed for doctors I never saw and even got a bill for a nurse to check me out of the hospital. I carry a $10,000 deductible and have for decades, and have always been up front about asking how much things cost. Government needs to crack down on big insurance like they did to banks a few years ago. Then maybe the health care system stands a chance.

- **Private info** San Jose, CA, United States

  Who has not???. When my wife was scheduled for a C-section, we came to the hospital way before the appointed time to make sure all paper work is done. We were told the OBGYN was late and had to wait for 1/2 hr. The hospital staff *TOLD* us to wait in an empty patient's for the 1/2 hr. We didn't know and later found out that they charged us $600 just to wait in the room. We could have just sit in the waiting room! $600 dollars that was not even our problem or mistake!

- **Lawrence Braverman** NYC, United States Insured

  Examining my mother's last medical bills as executor of her estate, I realized that, while she'd been unconscious, seemingly every vulture from the sub-continent who'd ever taken a plane to America had
dipped his beak into her dying remains, which filled me with such revulsion that I never completely got over it... then later, when the hospital wrote her, "Dear Sylvia..." I had to write back, "don't you remember that you killed her with hospital-acquired MRSA?" There was no response.

- **Becca H** Salisbury, United States Insured

  Yes just this week a $417 Physical Therapy charge (no PT was ever in my room) and then was told even if someone from that Dept set me up in bed that would justify the charge-I refused to pay it without a review as I had to be transferred by ambulance at the end of a 6 day stay. The health care industry is now our new Wall Street.

- **Don S** Florida, United States Insured

  I had a one night hospital stay, moved from the ER to a room and released the next day with "no diagnosis" made. The bill was $11,000. They had me sign a form that the estimate for charges would be $1,800 while I was on the gurney in the ER. I paid the $1,800 and told them I refuse to pay that bill, $11,000, since I have a written estimate of $1800.

- **Virginia Hoffman** Columbus, United States Insured

  Not yet. I applaud you for this article. I have heard of this practice, but did not know how prevalent it was. I am one who blames high medical costs on insurance companies. I can see that our doctors can also be to blame. I would think common sense would tell a physician that 90% of patients cannot begin to pay such bills. It's a very sad world we in the USA live in, a world where this is legal and cannot be challenged by the patient.

- **Steve M.** Wall Township, United States Insured

  After being reassured everything “was taken care of with insurance” by a surgeon’s office manager we received a bill for $127,000 from the primary doctor who explained he wasn’t “in network” with any insurance company. I hired a lawyer who filed a suit for “injunctive relieve” and linked it with an Erisa suit against BC/BS of CA – putting the suit in Federal Court, preventing BC/BS from moving the venue
to CA. The physician’s entire case was based upon the consent/promise to pay form signed at initial office visit. People should edit consent form before signing.

- **Martin C** Annapolis, United States

  I had no problem paying for a colonoscopy performed by a medical office, which accepted my insurance, but received a bill in the mail from the anesthesiologist for $1200. He did not accept my insurance and I was expected to pay the full cost. I expected anyone involved would be part of the practice and accept insurance. My insurance company is reviewing the bill. It would only seem logical for any medical professional to verify insurance coverage for any patient prior to rendering services. If they do not accept the insurance the patient should be notified.

- **Kate C** Westchester, United States Insured

  My husband had hernia surgery a few years ago which was a routine procedure hour long procedure that went smoothly with no complications. We were shocked to receive a $17,000 bill from the assistant surgeon who we had never met nor had any input about. He apparently was not on our insurance plan unlike the surgeon, hospital, anesthesiologist, etc. We did not pay the bill and I hope our insurance plan didn't either. It really felt like highway robbery.

- **Jay Bodenstein** The Villages, Florida, United States Insured

  Highmark of Central PA did an audit of doctor who charged my wife and I about $1,100 for preventative inoculations for visas to Brazil. The doctor demanded payment in advance, and we made payment. About a month later Highmark, who also received a bill from the doctor advised us that we were due a refund of about $800 as the doctor knew we were covered and was not allowed to bill us, least of all in advance before submitting the insurance claim. All our money was eventually refunded. Highmark went after the doctor who did the billing.

- **evelyne M** Ypsilanti, United States
When I went to visit a surgeon concerning a potential operation, the Doctor decided to call her partner who appeared for less than a minute. To my surprise, the insurance was charged $135.00 for that minute... I called their offices and they "made an adjustment" In view of that blatant dishonesty, I decided to have my operation elsewhere. Alas much of the medical profession in the USA only thinks about "costs" and "gains". The patient comes a distant third. Appalling and sad, where is the humanity?

- **Ken G** Cherry Hill, United States Insured

I have not had surprise charges, but I was shocked in 2009, when I had $420,000 of health care charges, and realized that the hospitals, doctors, etc. received, in total, $75,000, as allowed by my insurance. The idea that anyone could legally generate bills at 5X the rate of what they were actually willing to accept was mind-boggling, and I thought, fraud. I'm a health care provider myself, and decided, after seeing that and realizing the immorality of it, to reduce my billing rate to bring it in line with what I really got paid.

- **Kathy Davenport** Shiloh, IL, United States

After a nasty fall that resulted in a cerebral fracture, I was hospitalized and unconscious for a few days. When I started getting the bills, there were doctors and treatments of which I knew nothing. My husband had been too concerned about my condition to keep up with all that was being done for me and the plethora of doctors who were involved (seen or unseen). The same sort of thing happened later after a heart attack. I got bills from doctors and labs (some out of network) I knew nothing about.

- **juan c** Los Angeles, United States

Uninsured, I went to a hospital lab for a simple Hepatitis blood test which came back positive. Had left a deposit of 250.00 and a week later received a bill for close to 2000.00 for additional tests that I did not request. Refused to pay it and eventually settled for around 600. I'm not a Communist or a Socialist but unabated Capitalism should have no place in health care.

- **Karen W** San Francisco, United States Insured
I received notification from my insurance company last week, a month after brain surgery to remove an acoustic neuroma, of the various costs involved. Since I have an HMO and had done my research, I didn't expect to be charged for anything. But there was a 6,000+ patient responsibility for ONE night (with the insurance covering an additional 4,000) "room and board." At the hospital, they had put me in a private room, because that is all that was available. The story ends well because I called and it was taken off. Phew!

- **Dianna J.** Morro Bay, CA, United States Insured

  My issue is small. But I'm thinking that's also important. I had hand surgery with follow up therapy. The therapy bill came and there was a charge for gait evaluation. Since I don't walk on my hands, I challenged the charge. Check your bills. Whether on purpose or by mistake, there are charges to be challenged.

- **Christy T** Cleveland OH, United States Insured

  As a patient at the Cleveland Clinic I suddenly began receiving "facility fees", sometimes hundreds, often less, after every single provider contact. It started a few years ago. Not covered by insurance usually. Today the hospital warns of these- AFTER you have arrived in the Dr office. It is also near impossible to determine ahead of time what the fees will be for a surgery.

- **Christopher Cretella** Los Alamos, United States Insured

  My son and I recent had physicals. In each case, I was billed for the lab tests although in previous years I was not and under ACA, no co-pay/deductible for preventative physical given once a year is allowed.

- **Mo A** San Francisco, United States

  Our daughter needed laser surgery for a birthmark over her eye. We paid $200 as a copay and we were responsible for 10% of the total bill. We were given an estimate of $11,000. We were sent a bill for $1100 dollars. When I checked the final bill after surgery it was for $5600. I called and asked why I was being billed for 10% of the estimate, not the actual total. They sent me a new bill and tacked on
$5500 as 'OR incidentals'. It took 6 months to get them to admit they were overcharging and fix it

- **Josh F** Los Angeles, United States

  When I had I had a borderline cholesterol diagnosis and after changing my diet/exercise went in for some follow-up bloodwork. My doctor mentioned in passing that she'd be sending it to the "good" lab. This lab was out of network and I got a $1,400 bill! My insurance sent me a $400 check (the in-network rate), I forwarded it to the lab, and they accepted it: what a weird and awful way to run a business.

- **A H** Boston, United States

  I needed an emergency lab test after hours and was sent to the hospital emergency room to have blood drawn. It took seven hours, I was given a drip (in case of surgery?) and offered morphine (I was not in pain). The bill was over $7,000. The blood test portion was $375. Nothing negative found. Insurance paid except for the deductible. When I called to ask why so high a fee, I was told every hour in emergency is flat amount billed at $1000. Three staff shift changes added up to seven hours.

- **David P** Flushing, United States Insured

  When I was in the hospital for cardiac bypass surgery, a young female came over to my bed and told me that her friend, a mountain climbing enthusiast, also had heart surgery and was doing well. Only later, after examining my bill, did I find out that she was a physician who billed me for a consultation. She was not my physician and was apparently able to just go up to my bed and charge for a consultation.

- **Dan T** Shrub Oak, United States Insured

  Last year I had hand surgery. My doctor is in network and I was assured that everything was covered. It turned out that the surgery center was NOT in network and that they used an anesthesiologist who also was not. I received bills from both. $42,000 from the surgery center and $3000 for the anesthesiologist. My insurance paid a portion of the surgery center by sending ME a check which I had to sign over to the surgery center. My surgeon was not aware of this
practice and he helped my negotiate a small fee from the anesthesiologist.

- **Linda Ranieri** Yorktown Heights, United States

This is absolutely a problem and I am glad to see an article in the NY Times that finally addresses this issue. I've had several surgeries and after almost getting caught in this trap, I now advise my doctors that only network doctors should be used for in-hospital post surgery "consultations". I have never had any of these "consultations" that consist of anything more than a doctor asking me how I am feeling and looking at my chart, five minutes of time, if that. Surgeons seem reluctant to intervene to have the consulting doctor accept insurance coverage.

- **James Burton** Madison, WI, United States

Surprise charge? While in China, I had to have a severe laceration of my hand dealt with. I was quite surprised when the total for two hospital visits came to $0.32. I saved myself $0.16 by deciding the third visit was unnecessary.

- **Cade B** Tampa, United States Uninsured

I visited an internal medicine doctor for abdominal pain and he prescribed a CT scan in his hospital (in-network, non-emergency). After the insurance company had settled the bills and I had left the employer who provided the insurance coverage, I received a raft of doctor bills from unknown specialists somehow related to the CT scan. Fortunately, I was just leaving the country! I blew them off, and you know what? Those bills vanished into thin air eventually. Accountants hate old accounts-receivable on the books!

- **Matthew Carnicelli** Brooklyn, United States Insured

When my mother was in and out of the hospital during the last year of her life, she experienced many instances of "drive-by doctoring". Luckily for her, she had both Medicare and a secondary insurance carrier - so we received few, if any, additional bills. But I remember all kinds of practitioners not related to her case showing up to "examine" her. This is obviously a scam - and needs to be treated as such.
• **Ashok Sastry** Sarasota, United States Insured

I am a physician who happened to take my son to the urgent care at our local hospital's urgent care a couple months. I received an urgent care bill from our local hospital for $700. Only $150 of the charges were for physician services while the other charges were from the hospital services themselves like radiology, etc. Your headline is not accurate when it comes to physician charges for hospital related services to be honest. Most of the surprise charges actual come from the hospital services themselves. As a physician I found this feature to be sensationalistic.

• **Bob L** Burlington, United States Insured

Took wife to the hospital at 11:30 on a Saturday night with chest pains. 38 hours later she was discharged with cardiomyopathy. Hospital care was good but the total bill was $32,251! That is $848 an hour or $14 a minute! Glad we have insurance but we find that kind of charge abusive. No wonder healthcare cost keep increasing as do insurance premiums.

• **Carlos Hiriquisc** Seattle, United States Uninsured

Exactly the same circumstances described in your article. I was quoted a price of $8,000 total, and billed for $66,000. With bills from three doctors and assistants that I have not even spoken to.

• **John C** Fairfax, United States Insured

My daughter gave birth to her child at a nearby hospital and later received a bill from a doctor she never heard of. She called the office repeatedly to question this. Finally, the office called her back to say that it was an error and to forget about it. Ghost billing could be a big issue in healthcare fraud.

• **Jonathan Shutman** Ocean, NJ, United States

Repeatedly, either by unexpected physician charges or outsized and unexpected lab charges, of course not disclosed and out of network.

• **Carrie B** Acworth, United States Insured
An EOB arrived saying doctor whom we have never seen billed our insurance $14,000 for an iron infusion. My sons received 3 infusions each, the others were billed by the correct doctor at a rate of about $1550. CIGNA Insurance paid the $14,000 no questions asked! I was at all infusions, no doctor was involved other than to order the procedure, and only one doctor did that. In a separate incident, CIGNA refused to pay for much needed lab work of $2500 for each of two, paid $900 for one and nothing for the other!!! Makes NO sense.

- **Robert T.** Portland, United States Insured

  I was hospitalized in a teaching hospital. The doctor I knew came through with four student doctors, who didn't treat me but who were there as part of their education. I later received a bill from each of them, each one charging more money that I made in a month. It must have been part of what they were there to learn. I dared the hospital to sue me and never paid a penny of those bills. It hurt my credit rating for years.

- **Susan Morris** Barrington, IL, United States Insured

  Yes! When I had my double mastectomy in May 2014, a charge of $7000 came in to our insurance for a "surgeon's assistant". We assume that our insurance paid that bill, as we never received an invoice from the provider. Our insurance carrier, Aetna, listed it as $0.00 due from us.

- **Lawrence Leichtman** Santa Fe, NM, United States Insured

  Yes, went into local hospital for outpatient neck surgery. All went well but the neurosurgeon insisted I be admitted f but when it was decided not by me, I was still coming out of anesthesia a. When I received the bill, I found I was charged for a private room I wasn’t in. Medicare and supplement paid all of the bill but the admission that Medicare deemed unnecessary and I was charged $3500 which I promptly disputed and it was discharged but the doctor got paid for an admit and one day visit for which he did nothing.

- **Augie S** Lexington, United States Insured
When I received a bill mischaracterizing an office visit to an orthopedist, I called the insurance company to let them know that the "procedure" never occurred. Shockingly, they told me that I should take it up with the doctor. They didn't seem to care and paid the bill. I would put the focus on the insurers and grossly inflated administrative staff at hospitals rather than the doctors.

- **Dennis G** Sarasota, United States Insured

We've had this type of issue in the past, before we went on Medicare and "in network" with insurers. But, for comparison, two months ago I was in Scotland, and fell down some steps, and really whacked my side and ribs. I could breathe ok, but our inkeeper insisted that I go to the local A&E center at a hospital. A few minutes for the admission process, a couple of hours including immediate nursing attention, then x-ray and a doctor's consult with the news that nothing serious. I was free to go. The bill? Oh, none.

- **Lorraine Rolanti** Dumont, NJ, United States Insured

Many years ago I was hospitalized for some now-forgotten ailment. I was leaving my room for a walk when my roommate’s doctor entered. I said good morning; he asked how I was feeling. I replied that I felt great. He later billed me for a consult! In another instance, after a surgery by an in-network physician, we received a bill from an out-of-network assistant, unknown to us, it was a simple surgery, and the need for an assistant was never mentioned.

- **Howard Willey** Cary, NC, United States

My 87 year old stepdad has Alzheimer's, and resides in memory-care unit in Ft. Wayne. When he recently needed hospitalization, the ambulance ride to hospital was $500, with $400 covered. The ride back from hospital was $1200 because Ambulance service has exclusive contract with hospital. There were no answers why they charge almost 3 times charge of other ambulance services.

- **Trisha C** Bridgewater, United States Insured

Several years ago I was helping my sister with her brain cancer treatments and we saw 2 different unexpected charges - one from a
'consulting' doctor and one for an extensive test. As her legal medical proxy, I challenged both of these charges as I was not consulted by the doctor. Both charges were removed from her bills.

- **Sher Doxzon** Kalamazoo, MI, Saint Helena Insured

  Yes, hospital Bronson billed outpatient surgery as inpatient surgery and charged 36,000 dollars for a 1 1/2 hr surgery and a total of 5 hours in the hospital for repair of tibial plateau fracture. Then anesthesiologist, radiologist, surgeon fees were somewhat reasonable.

- **Dave H** Miami, United States Insured

  Several months after having heart stents. I started receiving bills from a collection agency for $800.00 on behalf of a "consulting doctor". They had no details of who, what, why, or how any services were rendered. Without proof that this Doctor and I were ever in the same room together I told them I would not pay it. That was the end of it. Assuming the burden of Offer, Acceptance, and services rendered, could not be proven to force payment. Just pulling a number out of the air and sending a bill IMO.

- **Tim B** Miami, United States Insured

  Doctor's Hospital in Miami required my copay before rotator cuff surgery, $2300 which I expected. I specifically asked the hospital if all doctors were in my plan before having the procedure. 4 weeks after the surgery I received a bill for $10,000 for the "assistant surgeon". My insurance would not pay out of network, the asst. surgeon's office adjusted the bill to $650. I still will not pay them.

- **Jerry W** Oklahoma City, United States Insured

  Having been caregiver for my mother, 92, and her sister, 89, and a wife, 60, with two back surgeries behind her, and with my own 6 doctors I've seen about 25 different doctors and many different procedures in 4 hospitals the past 7 years . The system is a joke and the players use every tactic they know to rape the payers. The REAL joke is end-of-life 'care' where a doctor sticks his head in a nursing
home room to see if his 'patient' is still breathing, bills $90 to Medicare every month, and gets it!

- **E B** San Francisco, United States Insured

A year ago, we drove my son to a local emergency room, which treated him but told us he'd be better off at another local hospital. I offered to drive him but was told they'd already arranged for an ambulance. After he stayed overnight at the second hospital, we were then told he should be taken to yet another local hospital. Once again he was taken by ambulance. Neither ambulance ride involved sirens or flashing lights -- by then, there was no emergency. Each ambulance ride lasted 4 minutes. The bill for those two 4-minute ambulance rides? $8,500.

- **James H** Kentucky, United States

Had major injury to hand and arm in early 90's. Local hospital E R knew I had major nerve damage but had to send me to hand specialist. Had to go thru E R again. Doctor came in took out a paper clip, poked on my hand a few times and told me I had nerve damage. Already knew that. Never saw that doctor again. I got the bill for 800 dollars I got to checking the address on the bill with the bills from the surgeon who did the actual operation. They were the same office.

- **joe sabol** Olean, NY, United States

About a year ago had a kidney stone removed. A supposed doctor came to my room, limply shook my hand, tried to say something in English and told me to get up and walk around (he obviously didn't know that I had a hose sticking out of my penis for draining excess fluids from the operation). The nurse shouted to stay put and he left. Received a $300 bill for this great service. Small compared to other examples here but still aggravating.

- **Simon P. Alain Handy** Vancouver, Canada

I recently had a gradt surgery at the Gleneagles Hospital in Singapore. My doctor was exceptionally competent, but my bill spiraled from an initial 6,000$ to a whooping 26,000$! That included a
$600 for a doctor pretending to have looked at my arm for an eye surgery. worst hospital workers squeezed me for my credit card while still sedated! Scandalous since hospital had previously received a letter of guaranty from insurance. A simple in an out visit at the Saint Michael hospital in Toronto cost me a $1200 reckless bill which I refused to pay.

- eric miller michigan, United States

While in Dallas I had to visit the ER at parkland hospital. a month later I get a bill from the Univ of Texas down the street for the privilege of using the blood sample they took at parkland for research.

- Jennifer W Indianapolis, United States Insured

My doctor suggested that I wear a Holter monitor for 24 hours to more accurately diagnose a cardiac arrhythmia. I had the monitor put on at her (in-network) office, and 24 hours later had it removed at her office. Afterward, I received a bill for $1700 from an out-of-network cardiology group for reading my Holter results. I had never been informed that any third-party practice would be involved, particularly one that was out-of-network. I complained to my physician; they eventually said I would not have to pay the cardiologist bill. I suspect my physician’s practice paid it.

- Clifford B Tarrytown, United States Insured

When our insurance with Empire Blue Cross / Blue Shield came up for renewal in June 2014, we were told by Empire that we have to switch to another policy to conform with the ACA. We accepted the policy they suggested. When my wife went to her gynecologist she gave them the new insurance. She had ultrasound, pap, and other tests done. We received a bill for almost $6,500 with an explanation that they were not participating in this Empire plan. As it turns out, non of our doctors are accepting the Empire Pathways network insurance.

- William Coleman New York, United States Insured

Several years ago, after minor surgery, I received a anesthesiologist’s bill for several thousand dollars. A friend told me
that, as long as some payment is made regularly for a bill, a patient cannot be sued. I therefore paid $25 per month for four years. If those receiving bills like those described in the article cannot otherwise resolve the problem, they should consider doing the same.

- **Sue V** Sioux City, United States

My grandmother suffered a massive, debilitating stroke and died 5 weeks later. A physical therapist visited her room a couple of times a week, ascertained that she was incapable of receiving physical therapy yet, and would leave. Medicare was billed over $4000 for physical therapy.

- **Karen B** New York, United States Insured

During last year's heat wave I suffered a series of seizures that landed me in the emergency room at Columbia Presbyterian. A couple of months ago I received a notice from a collections agency from one of the doctors who worked on me for a portion of her bill my insurance did not pay. They never even bothered to contact me first they just sent the bill to collections. When I protested my insurance company paid the remaining balance. I'm still upset about it.

- **Saul Lichtine** Voorhees, United States Insured

My wife was charged two separate fees for the same anesthesiology procedure by a company called Endo during a Colonoscopy in Voorhees, N.J. Endo's doctor and Anesthesiologist agreed to accept our insurance as payment in full. Later we received a bill for a another anesthesiologist for the same procedure for 80,000. We claimed double billing. They claimed the person was an "assistant". They hounded us for over two years and we never paid them.

- **Brian T** Charlottesville, United States

I went to the ER for a sprained ankle in 2012 and the only thing the MD did was hold my foot in place while they put the cast on, Bam: 600$.

- **Jonathan M.** Philadelphia, United States Insured
This summer, I've begun allergy testing. I've had 3 office visits with an allergist, skin testing, and pulmonary function testing with and without methacholine challenge. The lung function testing (2x) was administered by a nurse practitioner, one building over from my allergist's office. Apparently, that building is part of a (legally) separate healthcare entity. After paying for the testing supplies, and the nurse practitioner's time, my insurance company received an extra bill, for $6000 for "hospital incidentals." The in-network rate was reduced to $3000, and I am still waiting to see if I will be responsible for it.

- **Marsha Congdon** Detroit Lakes, MN, United States

  Went in for my bi-yearly routine physical. Have been seeing this PCP for 20 years. His practice was recently bought by Sanford Medical. When I received the bill I was charged for a new patient exam. My insurance refuses to pay. Sanford refuses to change the code. I have asked for and received a copy of the physicians notes. I have also spoken to my physician, who is my neighbor. The physician looked at me and said he hates practicing in the environment and that the docs in this practice are talking about a strike.

- **John Brow** Toronto, Canada Uninsured

  I live in Canada. Over the last fifteen years I've had a liver transplant, surgery to remove a cancerous growth on my kidney, procedure to break up kidney stones, monthly Lucentis injections, usually two annual dermatology visits to deal with pre-cancerous lesions and hernia surgery. The only bills I've received over those years have been for the rental of a television in my room when hospitalized, and the TV rental was optional. Before any procedure or visit I simply present my provincial health card (OHIP card) and that's it. Americans should try "socialized medicine".

- **Sam Thomas** Houston, United States Insured

  When my second child was born in a Big Hospital in Houston, TX, I was shocked by the bills i got from "a Pediatrician" whom we didn't know. When my was checked into the Hospital, I had clearly told the staff that our Insurance is Aetna HMO, and we do not want anybody
who do not participate with our Insurance. They assured this and we were really surprised to see the bill from a non-participating doctor.

- **Ted R** Allentown, PA, United States Insured

  My wife went for her annual physical exam which is supposed to be covered by our insurer under the ACA. Later received a bill for lab work. After investigating found that some of the lab work was submitted under a different code. The provider said they will resubmit under correct code. We'll see.

- **Katherine C** Winston-Salem, NC, United States Insured

  My billing was not nearly so huge, but my doctor is part of a network that includes hospitals. Recently I began getting a "hospital charge" of an additional $100 for regular office visits. I'm going to the same doctor's office I have been going to for a few years. The only thing that has changed is the "hospital charge." Medicare pays the charge and I do realize they pay the doctor much less than he bills but I was surprised by this new charge.

- **Jack B** Cullman, Alabama, United States

  Yes and it happened after by-pass in 1968 in Florida. MD stopped by the bed, checked my chart, billed Medicare $400 (1968, remember)...I didn't pay, but Medicare did. Never knew who he was. Obscene. 36 years ago!

- **Bill Wright** Baltimore, United States Insured

  This is a story about not being charged for medical care... Four years ago, I was admitted to Johns Hopkins Hospital for back surgery. Upon induction of anesthesia, I experienced bradyacardia and cardiologist resident in the OR wing ordered the operation aborted. After receiving a pacemaker, surgery was done by head of service. He did not take health insurance, but submitted my forms for reimbursement. The insurance company paid his modest fee. And he did not charge me for follow up visits, saying that as I was JHU faculty, I was family.

- **Susan O** Mount Vernon, United States
I have seen this for years. As an OR nurse, a second surgeon would come in, wet his hands, tell a few jokes and leave, asking to have his or her name entered as assistant. I refused. Doing direct patient care I saw the same thing. A non attending doctor would wander in, introduce him/herself and leave to leave a note on the chart saying that they had "seen the patient". In fact, that is exactly what they did. Disgusting and as a care taker, I had no control over this issue.

- **Pamela Heebner** Wallingford, United States Insured

  My mother went to the emergency room and was admitted to the hospital but this particular hospital ONLY allows their hospitalists to admit patients. My mother's cardiac doctors were not notified by the hospitalists who charged an extortionate amount for their services.

- **Brian G** Seattle, United States

  My wife was bit by a racoon. As a precaution, she was advised to go to the ER. She drove herself there. The wounds were superficial and cleaned up quickly. She was charged 1.5 times or more what a pharmacy charged for the rabies vaccine, which was about 700 per dose. Then she was billed for a level 4, which is one level from the most acute. I protested, as a physician. The hospital tried to hold their ground on this absurdity.

- **Michael Radell** Sarasota! FL, United States Insured

  Billed over 10K for 6 weeks of IV supplies and antibiotics that I self administered post op at home. Insurance paid 8k and I paid 2K. That's a lot of money for some Tubing, dressings and drugs.

- **Maria Cavalair** Hartford, United States

  When my mother was hospitalized for what we thought were orthopedic issues (it turned out to be terminal cancer) we received, literally a shoebox full of bills from doctors we knew nothing about after her death. We had exceptional health insurance plans (this was pre crappy Obamacare policies). I contacted the hospital asking if it was hospital policy to post the name/room numbers of terminal patients so other doctors could get theirs so to speak. I called each
office and told them that we never requested their services and that we would not pay a single dime.

- **john d sacramento, United States Insured**

  When my GP saw the ct scan of my cervical spine, she told me to go to the emergency room immediately, even though I had an appointment the next day at the spine clinic. I went and was checked into the hospital without further evaluation and given a bed. When I (finally) saw a doctor, he told me to go to the spine clinic and discharged me. The bill was $7500. My insurance paid a small portion and I am refusing to pay the remainder.

- **R Hewins Amsterdam, Netherlands Insured**

  Yes, I was extremely surprised and shocked almost two years ago when my wife went in for cancer surgery in Amsterdam, Netherlands. After a grueling 4 hour operation and a week in the hospital, I was shocked that our Dutch insurance company told me that they would not cover the €10 a day for in-room international phone calls. Oh, and that is the extent of our out of pocket over two years. Shameless ambulance chasing doctor, that Dr. Mu. Makes lawyers look like the model of probity.

- **Don Gregory Kelso, WA, United States Insured**

  My wife and I both go in and get a blood draw to check our INR Coumadin levels about every 6 weeks. It is done by a finger stick and instantly reads out the level. Usually about 15 minutes for both of us. The clinic then bill Medicare for a Dr. consultation and Medicare pays about $90.00 each under for the billed $150.00 or so. This goes on all day long with patients. I complained to the insurance, no interest.

- **william m South Hempstead, United States Insured**

  About 10 yrs. ago I was admitted to a hospital on Long Island after falling and rupturing discs in my lower back. I was put on a Demerol drip and my sister found a participating orthopedist to come to the hospital. I have vague memories of the doctor standing bedside with another man next to him. The doctor ordered tests and left. I received a bill later for $200 for a Physician's Assistant I neither asked for or
needed; the shadowy figure accompanying my orthopedist. I wrote a letter threatening professional action and refused to pay; never heard back.

- **Ray H.** New York City, United States Insured

Sandy caused VA hospital to send to the emergency room at Roosevelt Hospital. 17 hours later got a bill for tests and bed for $16,500 which they billed to Medicaid - copay - for Social Security person on a fixed income, $1,250. Hospital did zero to resolve issue. My smart daughter saw through their scam, I checked myself out. I'm a classical musician who made living working in NYC all my life. It didn't give me a banker's income for status - my expertise and practice made beauty instead. The problem for bankers, doctors and classical musicians is values.

- **Susan C** Bryson City, United States

Twice and I've only had two surgeries or procedures in fifty years. The first was an extra PA during a small knee surgery (not into the joint, just the skin) and then the anesthesiologist during a colonoscopy. I had specifically asked if the doctor took my medical plan and if the facility was in network then got hit for $2500 for the anesthesia because she was out-of-plan. After a year of appeals, the insurance paid it but I was more than annoyed.

- **North Texas Wife** Grapevine Tx, United States

Yes, my mother was charged by a Dr. that she did not know when she had her knee replaced about 8 years ago. My husband was also charged by a Dr. that was in the operating room when he had surgery on his hand. My husband refused to pay and we fought with the collection company for several years. My husband was in a non-profit hospital in North Texas and was only in for day surgery.

- **Jan Bone** Palatine IL, United States Insured

I haven't yet, but I'm running scared, even though I'm a Medicare patient at 83. Last week I attended an information meeting offered by my soon-to-be gone provider of my supplementary insurance---which stops totally for retirees (and I'm a surviving spouse; Dave was the
41-year employee whose company later was bought out.) Now, retirees must go through an exchange (with phone help paid for by co.) to choose new plan from recommendations. One set has the mandatory "in network or more $" requirement; one set doesn't. What to do? I hope I can be wise in choosing.

- **Susan L** New Jersey, United States

  My husband was being treated for a mental illness and was admitted on to the psychiatrist ward of a hospital. While the hospital was in-network, the attending psychiatrists were not. When I was billed for out-of-network, I called my insurance company and received their in-network reimbursement rate. I sent this amount to the doctor along with a letter describing how disappointed I was that a doctor would pull this crap. The Dr accepted the payment and I never heard another word. I have 2 other situations in which this occurred.

- **Jeffrey Lee** Philadelphia, United States

  I went for a routine physical for my employer. I was in great health. My regular doctor was unavailable, so I went to a new doctor who ran many unnecessary blood tests, including STD screening even though I told him I'd been in one monogamous relationship for years and had never had any STDs. He did many more unneeded exams. I suspected he was only interested in stealing more than healing. Much later, my department head asked why my physical cost almost $1,000. I was shocked. I'm sure my regular doctor would have charged around $60 for a physical.

- **Dave B** Philadelphia, United States Insured

  I had a liver biopsy for Hep C. I was essentially self pay as my deductible was $10K, I paid all the bills except a bill for an ultrasound. I did not recall having it nor it being discussed either before or after I made the argument that I did not recall having one and that I had not given any consent to my Dr. I asked the collections agent to produce the notes that would have been in my file. I was told that I was not authorized to review my medical notes. I refused payment and succeeded. .

- **Karin L** Sydney, Australia Uninsured
I live in Australia and had my gallbladder out - head of surgery performed the operation, head of anaesthetics looked after me in theatre, I saw surgeon before and after op in his private offices, two days in hospital and my costs were NIL - NOTHING AT ALL I am so glad I do not live in the USA

- **Kristina Schultz** Athens, United States Insured

I received a $37,000 statement for an outpatient scan done at a well-known GA medical center. Many calls later, they insisted it was correct. My insurance even cut them a $27k check after I told them I was investigating. Turns out they'd charged for the wrong radiotracer after I'd called the distributor (I work in oncology and know who to call). While there was no additional cost to me, it was a potential waste of money. I reminded Coventry to keep in mind that I saved them $20k when they set premiums for the next year.

- **Karl Wudtke** Wharton, Texas, United States Insured

I was bitten/stung by an unseen animal while clearing brush on my property. Thinking it may have been a poisonous snake, I quickly drove to the local ER just in case I may have need of medical care. There, I walked the corridors for 3 hours while my left hand and arm became swollen; but, when it then began to slowly subside, I went home. The ER then billed Medicare over $5,000, and got paid, when I had refused medical care and told them that I was only there as a "just in case" it was needed.

- **Christine B** Maryland, United States Insured

We have been surprised with hospital bills from out of network ER doctors. Who thinks to ask if ER physicians are in or out of network when one is in the midst of a medical crisis.

- **Mark R.** Falmouth, MA, United States Insured

Insurance companies are required to pay in full for colonoscopies as a "preventive" procedure. However, if the physician removes even one benign polyp, the entire procedure is coded differently - as surgical rather than preventive - and the patient is responsible. This "bait and switch" allows the insurance company to get out of paying
for preventive services. And make no mistake - removing a polyp during a routine colonoscopy is a "preventive" procedure and should be considered as such.

- **Glenn S** Deerfield Beach, United States

  This is another area, along with the high costs of lawsuits that ACA should have covered. I too was required to pay significant charges for an out of network anesthesiologist. I went through pre-surgery meetings and was very clear what insurance I had. Well, anesthesiologist wasn't identified until the time of the surgery and lo and behold they were out of network and it was my fault for not demanding an in network doctor. This practise needs to change

- **A. R.** Bloomington, United States

  Yes, I did. There was a charge for the physician's assistant that just about equaled the cost of the surgeon's bill. I was shocked. This had not been explained to me prior to the surgery. (The other charges were typical ones, although I was somewhat surprised.) If I hadn't had insurance, this additional cost would have been quite a financial burden. The quality of the work performed by the surgeon was outstanding, but I still have no idea why the charges for the physical assistant.

- **Karen O** Taneytown, MD, United States Insured

  Spinal shots for sciatica that were handled in office at one place for hundreds of dollars and a small copay, cost me (my insurance company) thousands at a "surgery center" used by another doctors' office when I moved. I never went back.

- **William E** Brooklyn, United States Insured

  Technically this happened to my coworker, not to me, but after breaking his foot he got to the hospital on his own set of crutches. After the surgery the doctors handed him a new set of crutches (the ones he came in with vanished) and a few months later there was a $750 dollar charge for crutches.

- **Frank Hamptonguru** Hampton, United States
I took my daughter to be checked by a skin rash in her arm. The doctor recommended to take a blood analysis at a nearby hospital. The $3,000 bill was for a different type of blood analysis. We challenged the bill. No response, but no harassment either. Before any doctor visit I request that I will only pay the co-pay. I get a copy of that statement. The medical establishment is run by crooks like dr MU, unqualified assistants and mediocre administrators. Shame on Harrison MU(cho) dinero!

- **Rachel U** Ann Arbor, United States Insured

  This article shows me how lucky I've been - not only for bouncing back after each of my 10 surgeries (including four craniotomies, a nephrectomy, open-heart surgery, and melanoma resections), but for having been spared such outrageous bills. I'm covered by the University of Michigan's Blue Cross Blue Shield plan (M-Care). There was one exception, in NYC. An orthopedist sent a ridiculous bill. I wouldn't pay and argued against it. He rescinded it.

- **Ken G** New York City, United States Uninsured

  Sometimes the surprising expense is the fault of the insurance company who recognize that a certain technology will be applied and give the insured the approval to see the physician, but did not specifically approve the investigative technology. If one takes for granted that the visit will be covered when the insurance company is making an a la carte approval, one is likely to be tragically surprised.

- **Lourdes Q** Miami, United States Insured

  On a Friday morning before a holiday weekend, i had a urinary track infection and my doctor was not in his office. I looked in my insurance website and settled to go to a near by urgent care clinic center in the network. My insurance copay would be $50. To my surprise, after i was seen by the doctor, the discharge personnel informed me the center was innetwork but the doctor they contract with was not! I have not received the bill yet but saw the out of network charge in my insurance statement. Outrageous.

- **Ronnie B** Austin, United States Insured
I flipped a golf cart and went to the Seton SW emergency room in Austin, TX. They cleaned up some road rash and took an x-ray (neg.). Three months later I received a $3,100 bill from hospital and $600 bill from doctor.

- **ian c** binghamton, United States Insured

As a med student I want to say that it is crucial to highlight that the doctor only makes a VERY small fraction of what the bill is. General surgeons average around 250,000 a year so it is impossible that they are getting the majority of the money billed. Its usually not the doctor who is really profiting from this system. I know many classmates (myself included) who would never do certain specialties due to the insane hours involved and the awful compensation rates. So please don't think we are the one who is really profiting.

- **Linda Porter** Seattle, United States Insured

I had back surgery in 2009 and received a bill afterward from a doctor I had never heard of or met with. I immediately called my surgeon's office and complained and said that I felt that this was some kind of scam. Within an hour, the surgeon's office called back to let me know that the charges would be taken off my bill and I would not be responsible for them.

- **Susan R.** West Hartford, CT, United States

In the 1990's, during a hospital stay, my father's doctor sent in another doctor to look at an ingrown toenail, which was completely unrelated to the reason for my father's hospitalization. The second doctor came by while my father was asleep and later sent a bill. My father called the podiatrist's office and left a message that he was not going to pay a doctor he had never met. The charges were deleted from the bill. Patients need to remember we are consumers and to challenge medical bills the way we would challenge those of any other enterprise.

- **Annetta Forrer** Eugene, United States Insured

I made a visit to the emergency room with a bad case of bronchitis that worsened on a weekend night. I paid the $50 co-pay for ER
visits, but a month later I received a bill for nearly $500 from the ER physicians, which was a separate group from the hospital. I sent a copy of my insurance card to them, but received a second bill from them. My insurance company told me to send them the bill because their agreement with the hospital was to cover the physicians too and i heard no more.

- **Ed S** Houston, United States Insured

  Sorry to say, but this is a common practice. I have fought out-of-network charges when under the care of an in-network hospital. In each instance, the situation was resolved in my favor. This took time, energy, and perseverance. It also created a lot of anxiety facing billing charges which were unjust.

- **Michael S** Fairfield CT, United States

  We were billed for a renal consult on my mother two days after she died.

- **bob s rosselle, United States**

  This is old news. My wife spent a lot of time in hospitals when she was being treated for cancer and had many complications. The number of doctors that billed her was amazing. Any one that stuck their head in the door and said hi, how you doing billed. Half of them we never heard of. After our daughter broke her arm, and needed surgery we were billed 3 grand for an assistant surgeon. Blue Cross denied the charge, saying they do not cover assistants for that procedure. We ended up paying it.

- **Lee M** Savannah, United States Uninsured

  My wife received a bill totalling $133,000+ for her back surgery. Adjustments were $120,000, payments were $22,000 and she owed, according to the statement, $154 and change. We called to identify the costs and told to: 1 Get a complete statement from the hospital 2 Get Medicare to identify what it didn't pay for 3 Get AARP to review those items for possible payment 4. Pay the difference. In other words, the hospital could not identify which elements of the bill were covered and which were not.
• **Don Bay** Ostersund, Sweden Insured

In 2010, my wife injured her wrist. The hospital demanded $500. She was x-rayed, examined and the x-rays reviewed. Diagnosis: a sprain. Two aspirins, a prescription, a wrist brace and a flexible bandage. We were advised that additional charges would be sent to us. In Sweden, my wife saw a doctor who said the wrist was broken. Surgery was performed. Recovery followed. Shocked, we received a further $2100 in charges. Our insurance company negotiated a lower price. The hospital accepted. However, a collection agent tried to get the balance of the original charges. Our insurance company handled that. Sheesh!

• **Mark N** Springfield, United States Insured

After surgery, while lying in the hospital bed, an unknown doctor poked his head in the room and said "How are you?" I said "ok" I got a bill for $300 from him. I believe the doctor saw that I had insurance and figured he would charge the insurance company and he'd never hear from me. It's true, if my insurance had paid him, I never would have questioned it. They didn't pay however. I contacted him and explained I didn't know who he was. He just said, "ok don't worry about it." This is insurance fraud.

• **Keiko Tsuno** NYC, United States

In July, 2008, I went to the emergency room of Downtown Beekman Hospital in NYC for a cut on my leg. The cut wasn't serious, but because I was leaving to oversea trip in few days, I made sure that it won't be infected during the trip. Dr. Rose gave me 4 or 5 stiches, which took him 5 minutes to perform. Later, I received the bill of $4,000, of which, my insurance paid $2,700. Then, following many months, I received the bills for the remaining amount from his office. I refused to pay.

• **Mike M** NYC, United States Insured

I had a couple of stents put in at a hospital renown for cardiac care. I was in hospital for about 24 hours. I ate no food. Of the 24 hours that I was there 10 were spent waiting around until they got to me. Bill? Over $100 thousand. Something is screwy in this system.
• **Philip G** Golden, United States Uninsured

I had a doctor's visit to inspect a lump under my skin. As soon as the doctor saw it, she told me to lie down, and she used a scalpel to cut it. It was a bacterial infection, called abscess. I showed up a week later at the doctor's request to see how it looks, and everything looked fine. A couple weeks I got the bill, surgery bill plus follow-up visit which both are not considered regular visits and I had to pay for the whole thing.

• **David W** Tehachapi, CA, United States Insured

The question should be re-phrased: Have you ever NOT had surprise medical charges from hospital stays or procedures? We've had them every time we've stepped foot in a hospital, the worst being a $12,000 bill for a $20,000 operation, despite the fact that our deductible coverage was supposed to be 20% of the total. The scam is that the insurance company paid 80% of what it decided was allowable, after the fact. Of the hundreds or thousands of line item costs from a hospital stay, how can a patient possibly know what the insurance company will decide "is allowable?"

• **Cathy Harris** Naples, United States Insured

I was recently informed that a hospitalist I was assigned during a hospital stay is not involved with my insurance company, which is usually referred to as out-of-network, and I have to pay a higher portion. NOW if he was assigned to me, himself and all tests and procedures he ordered up would be not covered at all, nothing. I would be fully responsible for say, coming in unconscious, and he was my hospitalist. I think this is now called out-of-sight, as I didn't know of this new category of payment.

• **trbl mkr** NYC, United States

My Dad had always used the VA. In one instance there was a one-foot snowfall. The private ambulance would not take him to VA and took him to a private hospital. I called Dad's VA cardiologist who said he would contact them. The team at this hospital wouldn't talk to the VA specialist. Finally, I went to bust Dad out. When I made our intentions known doctors who wouldn't return calls for a week came
out to tell me Dad couldn't leave, threatening that his Medicare wouldn't cover the care. I could see the dollar signs in their eyes.

- **Katie M** San Diego, United States Insured

  How about ambulances? I had a seizure, the ambulance picked me up, drove me 1.2 miles and charged me $955.00. Outrageous. Insurance companies better wake up and put the kibosh on these excessive fees otherwise the government will take over and they will find the profits greatly reduced.

- **Sunita D** Fort Lauderdale, United States

  Yes I have. A routine mammogram at a hospital in Boca Raton, FL ended up being several hundred dollars more than was quoted by the insurance company, which had the hospital as in network. Furthermore, the hospital claimed to be unaware of the billing practice of its third party vendor. After months of letters and a nasty complaint from me, the fees were not reduced, and I still had to pay for the extra costs. Understandingly, I will never use their facilities again, and they were told so in very clear terms.

- **William Havey** NYC, United States

  Yes, this was for total hip replacement surgery at Hospital for Special Surgery (HSS) in Manhattan. I followed all procedures dictated by my insurance carrier (at the time, Empire BCBS), I was cleared by them for the surgery. I will say first that the surgeon preformed a miracle and I walked on day one of recovery. However, the only services covered by insurance were the surgery and room charges. The anesthesiologist and several other unexpected doctors (the drive-by people, I suspect) were "out-of-network" and not covered even at a lower rate by insurance! About $12K on me.

- **Patti Smith** Boulder, CO, United States Insured

  I had C-sections in 1994 and 1996. I chose in-network physicians and in-network hospitals. Since my C-sections were emergencies, I had no idea that I would need an anesthesiologist. The procedures took place at two different local hospitals, but each time I received large bills from the anesthesiologist's groups who were not in network. I
spent months negotiating with both the insurer and the anesthesiology groups (who threatened to send me to collections), each claiming the other to be responsible. Patient Care Advocates employed by the hospitals eventually resolved the charges. I was a hospital employee at the time.

- **Steve G** Fiskdale, United States

  I had medical insurance that paid 100% of the bills for in network doctors. I went to a cardiologist for a stress test in his office. I received a $500 charge for the rental of the treadmill from another company. I told the doctor that since he was in network and the insurance plan covered me 100%, that he had to fight it out with the insurance company. I told him that I had no involvement in settling the dispute.

- **John Scott** Tucson, United States Insured

  Last year my wife was diagnosed with metastatic bone cancer and that started an amazing journey through health insurance. While there was no huge bill there was an endless flow of bills from parties unknown. The largest issue was there was really no way to audit. Considering that all the costs were closing in on $500,000.00 not having any means of checking or verifying the billing was unnerving. My wife died this past June, but bills are still arriving. Thanks for the story and keep it going...for the next patient.

- **Nancy Ross** Brooklyn, United States Insured

  no, but horrified reading this article. Many patients would have no idea what to do or how to protest or know why. I was fortunate with Medicare when I had hip and knee replacements but never did see an itemized bill. I think these fees should be illegal. What happened to doctors who want to help and heal. This is sickening. I didn't know how lucky I was.

- **Anonymous** tempe, az, United States Insured

  my wife became seriously troubled by dizziness a year ago. went to the appropriate hospital (insurance approved) and we were surprised by the bill from an out of network doctor who the hospital assigned
without our pre approval. this was either a scam by all involved or poor managenent that was not our fault.

- **Cassandra A** Seattle, United States

  I am a pediatric social worker at a large urban hospital. I advocate with patients and families in relationship to these practices all the time. Consulting with health policy and legal advocates to do the best job possible, and to incorporate the larger experience into each advocacy effort is the key to increasing success. Your article describes exactly the fears, angst and moral outrage that each family feels. The moral outrage, the lack of control, the absent help and outright lies from the insurance carriers and physicians and the bland response from hospital administrators all add to the problem.

- **Toni S** New York, United States Insured

  In 2013 I had my annual mammogram at Lenox Hill Hospital in NYC, where I always have this procedure. A month later I received a bill for $700. I was stunned, since there is no charge for a routine annual mammogram. When I questioned this bill, I was told the doctor who read the mammogram was out of network. Blue Cross made it go away. I was told that in the future to ask if the doctor is in network. Never had to do that before. Am now doing it.

- **Moses L** Pueblo, CO, United States

  Fortunately, I have not personally experienced this problem, but my mother had last year: $1200 for 3 EKGs, all showing the same finding. the total bill was $117,000. This article describes practices that were outlawed in the 1950s: ghost surgery by a neurosurgeon. More proof of the ethical bankruptcy of the American healthcare system

- **greg sexton** phoenix, United States Uninsured

  nothing new about this... my father died after 7 days in intensive care... this was 1989. i recieved no less than 75 different "consulting" bills related to his care. the total for all his bills was in excess of 500,000, or roughly 1,000,000 in todays dollars. actually given the inflation rate for medical bills it's close to 2,000,000. of that 250,000
would be consultation fees charged by other doctors brought in on the case.

- **Disgusted person** chicago, United States

After 2 hospitalizations (no insurance couldn't get it) I was paying 9 services in addition to the hospital. No idea who some were, others I saw for seconds, not minutes, and did little but say hi...but charge substantial fees...altho I had been upfront about insurance. The hospital was willing to discount based on my 1040 but the others did not. ADDITIONALLY, the clinic (across the street from the hospital insisted on calling an ambulance...Fee was $1002.50 ) guess how much was for gas!

- **Marv W** Santa Cruz, United States Insured

What was a extended $200 Quest Diagnostics extended blood lipid panel became a $1300 test MD specialist billing IN NETWORK ! So we get to contest the insurance, contest the coverage determination / medical billing, and must fight the monster just for reasonable treatment. This is the new reality - the family house call Doctors you knew and trusted are no more. Big Medical Groups, Big Pharma, Big Malpractice Lawyers Groups all out of control. Obamacare is helping, but as patients we must now consider "caveat emptor". Never thought I'd be bargaining with my Dr.

- **J"Marinde Shephard** Saint Paul, United States Insured

I think these medical people actually stand out at the desk calculating how to approach for how much and the max they can all collect before they approach the patient, whether in-hospital or (most-often) emergency room to tell "What is "wrong" and what needs to be done about it," figuring out the financials on who to call in or let in on the "deal." I think that's why ER visits take SO long.

- **Ms Anon** US, United States

I asked BCBS about some bills but they didn't know - HIPAA concerns, but they had paid. I asked how they knew they were legitimate - no answer. I was referred to the hospital who referred me to an affiliated medical group. HIPAA concerns and ask the doctor. I
don't even know the doctors' names! How can an insurance company pay for charges when they don't know what was done? "Surgery" was coded for a splint put on by a PA. Hello ICD10?!!!!! This is giant fraud.

- **Hannah D** New York, United States Insured

  I had a chiari decompression 1.5 years ago. It is "minor" brain surgery, but still a big deal. Very few doctors who could do this were in my plan, and my insurance Blue Cross/Blue Shield said they would pay 75% of the expected rate, (which they couldn't name). My bill was over $80k not including things like staying in the hospital, and all the treatments I got during that time. Insurance offered to pay $10,000 because they calculated the rate as $13,000. I was completely blindsided. I'm 25, and in law school and still fighting it.

- **Shawn Brodie** Rochester, United States

  I went to the hospital because I had a cold that was lasting a little long. I wanted to ask a doctor what over the counter medician I should take. I only one question for any doctor that had five minute to answer. They brought in every doctor they had, one at a time just to tell me it will pass on its own. No one touched me at all or ran tests. Two weeks later, I got a bill. $3,340. I was shocked because I only received 5 minute verbal response to my colds question.

- **Susan K** Houston, United States Insured

  The bills are still coming in after surgery to repair a fractured tibia. One of the first was over $8K for a surgical assistant, out-of-network of course. I called the company to find out what it was. Then I took the bill to my doctor for an explanation. He said he always uses that particular assistant and not to worry, because the company will accept whatever insurance will pay. So far, insurance isn't paying. Is there any other significant financial obligation that we incur without having any idea what it will cost? I try to find out but it's impossible

- **Kristi C** Knoxville, United States Insured

  Went for a sleep study at an in-network facility that was supposed to be covered by my insurance. Received a bill from an out of network doctor who performed the study. Seems that the equipment and room
was covered but not an actual physician. I guess I was supposed to do the work myself. I filed a complaint with BCBS. The charges were mysteriously changed to an in-network provider who turned out to be the person I actually met with. I thought it was funny then but the more I read, the more suspicious I am becoming.

- **Joe R.** New York, United States Insured

  This is a very prevalent, and "hidden" problem. This has happened to me and my family too many times to mention. In my opinion, the problem lies squarely with the Hospital / Doctor. If you choose a Hospital / Doctor that is in-network for obvious reasons, then it is THEIR responsibility to see to it that everyone who touches you, or is involved in your case in any way, is also in-network. Especially since it is they who are choosing these ancillary people, and not you. This is a huge problem.

- **A A** Rockville, United States Insured

  Our son was admitted to NICU for monitoring, in an in-network hospital. Apparently the NICU doctors group (and the hospital had a contract with this group for all NICU doctors) did not participate with our insurance. $400 bill went to $4000 with out of network charges.

- **Cathy F** Atlanta, United States

  Years ago I went for my first mammogram at the in-network hospital x-ray department. I checked in for my appointment there and they sent me down the hall. Apparently the mammogram department was out-of-network and I got a bill for their services. I eventually just paid it though I wrote letters, called, etc. Is there a form or letter I can take with me when I go for medical services that states that I will not pay for any out-of-network charges unless I they are pre-approved?

- **Jonathan Shirley** Orlando, United States Insured

  Thyroid scan at ORMC in Orlando. We called our insurer at the time, United Health Care for cost estimate. Back and forth between hospital and UNH on cost. Was quote about $200. "Maybe a facilities fee", but UNH said ask ORMC about it. ORMC sent us back to UNH...depends on insurance. Back and forth for weeks. Had
procedure. Then billed over 4k, written down to $1300 because of my plan (but remember, my insurance said it was not part of the plan). Then badgered and threatened until you pay it or they ruin your credit.

- **Brenda S Bellmore, United States**

  Yes! I freaked out, refused to pay for them and fought with the hospital until they removed the charges. The expert had no expertise in the alleged area that he was consulted for. Patients get rushed through these forms and are NOT given full explanations or the proper time to read over what they are being asked to sign. PERIOD. It is vital that patients take the initiative and do follow up research to make sure that what you are being told makes sense. MY body, MY decision.

- **Sven Svensson Simrishamn, Sweden**

  About 15 years ago on vacation in Miami we took our baby to the ER room for an infection. We got first one bill which our travel medical insurance paid. A month later a second bill came. They got very upset at getting two bills for the same incident, and only paid after getting assured that there would be no more. Then a third bill came. I replied to the issuer that I would not even forward it to the insurance company, and never paid it. One visit, one bill, that's how it is, end of discussion.

- **Jennifer A Roswell, United States Insured**

  I had a heart attack two weeks after the delivery of my daughter. My father had one two weeks prior - he was in the hospital a week, and had more procedures done. His bill? $50K; mine (3 days) $120K. I have no idea what half the crap on the bill is. Thankfully, this is the only year in my life I have crossed the out of pocket max threshold.

- **Jan Exum Las Vegas, United States Insured**

  Emergency gall bladder removal. They put me in a bed at the end of a hallway, separated from two other patients by a curtain. "no patient rooms available". Shared a communal bathroom In the hospital less than 24 hours. The bill arrived and they had charged $5000 for a
private room. I made calls and was told that that was the only way they could CODE it for insurance purposes. Felt like Alice in Wonderland. I wrote a protest letter, as they suggested. Rejected. I let the $5000 go down the rabbit hole.

- **Hoshiar Abdollah** Kingston, Canada

I live in Canada. Four years ago I had two cataracts and two corneal transplants. I saw different eye specialists countless times. The only charge I paid $700 for my choice of lenses (standard ones are paid by our provincial insures OHIP). Moreover I am a cardiologist and have never sent a bill to a patient. OHIP pays standard fees without any argument. The answer to all your problems is single payer system. I am happy and proud to live here both as a patient and provider of medical care.

- **Stephen S** Fairfax VA, United States

I had surgery for a macular hole, and received a bill for around $20,000, which my insurance company promptly negotiated down to about $5,000. This prompted me to realize how much of a racket medical billing is, and how essential it is that everyone have the leverage that being insured brings. I find it not only distasteful but unethical to force the uninsured to pay more than those with insurance. In my case, I was lucky to have a very honest (not to mention highly capable) surgeon and a good hospital.

- **Beverly Friedman** Brooklyn, NY, United States Insured

Several years ago, my doctor recommended a surgeon to remove a pre-melenoma on my shoulder. After visiting the surgeon who accepted my BC/BS card for the visit, and after performing the surgery, charged me $5000 as out-of-network. Since he had accepted my card, I never ask if he was in-network. After ongoing negotiations with his billing and BC/BS, the bill was reduced and paid by BC/BS. Not the huge amounts in the article but it would have been difficult to come up with the money and I spent several weeks traumatized by the situation.

- **B K** New York, NY, United States Uninsured
These drop by visits from doctors happened to me over and over while at New York Weill Cornell where I was treated for complete heart block. I would ask myself, "who are these doctors that keep coming into my room with such friendly smiles?" All the while I was put under the care of an inept medical student. The nurses were my saviors and heroes. I would have happily paid them for their care. After I saw the many physicians bills it all made sense. I felt taken advantage of.

- **Brenda Lintinger** New Orleans, United States Insured

  My daughter participated in the marketplace enrollment as part of the new and improved health insurance program. She purchased a 'premium' policy from Blue Cross/Blue Shield of Louisiana, and only AFTER making her first premium payment and days before a scheduled doctor's visit for an allergic reaction that was already 2 months old. She had to wait for the policy to go into effect, only then was she informed by mail that she could no longer see her regular doctors, but HAD to use a local network with no options for when she travels with her job!

- **Jane O** Raleigh, United States

  I went to the ER for a heart arrythmia. Not the first time, but the 1st time I received a bill from an out of network doctor, contracted by the in network hospital. I called the insurance company, to dispute b/c I had no way of knowing he was out of network; they paid. I will no longer go to this hospital, and I will tell them why. Now I have to research which hospitals do not use out of network staff.

- **M Tsai** Norwalk, CT, United States Insured

  My mother had a stroke as subsequently diagnosed by MSK and NYP but initially diagnosed as brain tumor by WMC and local hospital's neurologist. 4 hospitals, viewing the same MRI's, two difference diagnosis. When I got the bill it was for $25K, no details. I called, the rep said they billed by diagnosis. I said the diagnosis was wrong, so re-bill. The rep warned, that opens up a can of worms, I would not go there if I were you, besides what do you care, insurance is paying for it. I had to agree.
• **Tracy F** Dallas, United States Uninsured

Nineteen years ago I had a C-section. When the bills poured in, I noticed that an OB-GYN billed me that wasn't there. When I brought it to the attention of the insurance company, they said that if they didn't pay AND it turned out that he was there, I would be responsible for paying his fee. Well, I was awake when I gave birth and I know who my doctors were in the OR. Back then, insurance companies were paid based on the number of claims filed, which is why they paid this doctor, who acknowledged he wasn't in attendance.

• **Wifely Person** St. Paul, United States

Thankfully, my 93 year old is a retired Federal employee, he has excellent additional coverage....that he pays substantially for. But when hospitalized for congestive heart failure a year ago, I got quite an education. The number of bogus charges presented on EOB statements was incredible. I called on as many as I could decipher. With subsequent hospitalizations, I started asking the nurses to see the log of "visitors" so I could verify the names on the bills. What was astounding was that after I began doing that, the parade slowed down considerably. Big lesson? PAY ATTENTION.

• **Gregory Routt** New York, United States Uninsured

It happened to me, too, after undergoing a laminectomy and fusion operation at St. Lukes Roosevelt in 2006. I received an anesthesiologist bill for several thousand dollars that was an unwelcome surprise. I thought that ALL my medical costs would be covered by my insurance and, that all charges would be from in-network providers. There are a lots of things that doctors and hospitals are not upfront with their patients about and, frankly, I think there needs to legislation on a state wide level to deal with this.

• **Anonymous** Portland, United States Insured

After my daughter was born--back in 1978 this was--the bill came (from a Midwestern university hospital) with a charge for circumcision! Ludicrous, of course. I called the insurance company--Blue Cross/Blue Shield to report it and received a completing bored
response, the equivalent of "whatever . . . ," which hadn't entered the vernacular yet. Sometimes truth is stranger than fiction!

- **Jane B** Atlanta, United States Insured

  I was having problems with my voice—went to a ear, nose, throat doc. Was sent to surgery center where he did tests. One test was sent to NYC lab. The insurance notification said this group was "out-of-network". It ended that they accepted the insurance amount and didn't bill us extra. I wonder how many people just paid that $$$. Also had a simple out patient surgery and was charged for a "stocking" to prevent clots. I don't remember signing this approval. Insurance didn't pay but I didn't pay either so maybe it was a "test" for this product.

- **Alexandra R** Columbia, SC, United States Insured

  I was charged over $1000 for a doctor to visit me in the hospital for about 6 or 7 minutes. The insurance would not cover this because he was a part of the same medical office of another doctor who had visited me that day. The other doctor was my primary care physician. My insurance will not pay for any more than one hospital visit per day from any single medical office. I cannot prevent these sorts of unnecessary visits.

- **R J** Washington, D.C., United States Insured

  I have recently had two procedures at Virginia Hospital Center in Arlington, Virginia, that required anesthesia. The anesthesia was provided by Dominion Anesthesia. In both instances the anesthesia was administered by a nurse-anesthetist but an anesthesiologist came by prior to the procedure to ask if I had any questions. In neither instance was the latter present when the anesthesia was administered. In the last procedure he mentioned to the nurse-anesthetist that he had to be at another hospital before my procedure was scheduled. I received bills from both in the same amount! What service did the anesthesiologist actually provide?

- **Pat Barnett** Princeton, United States Insured

  I found IVs billed never received, bills from an anesthesiologists who dropped by but didn't actually do the case. In NJ anesthesiologists
can bill 4 cases at the same time. They are "supervising" an APN anesthesia who actually does the case. MANY studies show that is not necessary, APNs anesthesiology offer quality safe care. AARP states this adds $300 - $400/case with no additional benefit. Governors can waive the requirement as allowed under Medicare with no harm to patients, cut costs and actually have better coverage of anesthesia care in areas where there were few or no anesthesiologists available.

- **Chris L** New York City, United States

Yes. This happened to me once at Mt. Sinai in New York City. I was in emergency for a concussion, and was being treated by an E.R. M.D. and staff. Some senior M.D. (wish I could remember his name) came by and said hello, and told me that he knew my internist. He subsequently billed me $400 for the three minute conversation. Fortunately, it was partially covered by my insurance. Still, it struck me as completely outrageous at the time.

- **Derek C** Chicago, United States Insured

Our second child, our daughter, was born in 2003 at Lenox Hill Hospital. A majority of the expense was covered by Oxford. Several weeks after her birth we received a bill from a doctor who checked in on our daughter during the night - $6000. When I inquired the hospital said that we should have notified the hospital when we arrived that we wanted only doctors within our network involved with the birth of our child. I do not understand why this is not just a given. How is one to know? I told all of my pregnant friends.

- **anonymous A B**, United States

NYS puts a surcharge on my medical bills. Presently, it is around 9.38%. Cigna canceled because I needed a few eye surgeries to save my sight. So I received a bill significantly higher than the insurance Company would pay. Another time I received a bill for two different surgeries. I could have had two surgeries at the same time. Another time my insurance card was cleared only to discover that they claimed my insurance was canceled prior to their notification. Another surgery, the anestasis charged me more for a catteract removal that a very complicated eye surgery.
• **Dianne M** Las Vegas, United States

I had surgery at a medical school. The 3rd year resident did it. His attending surgeon, who is legally required to be in the room to supervise, sent me a bill as second surgeon. Luckily, I am in medicine and protested. The charges were cancelled.

• **Mark D** Ontario, Canada

No, this cannot happen in Canada for all services covered by the provincial health insurance plans. In Ontario, OHIP can pursue doctors and institutions who overbill if OHIP believes the charges submitted to it are not warranted on medical grounds. The patient doesn't see any of this.

• **john capp** NYC, United States

After an operation, I received a bill from a doctor I didn't know. I called the office and spoke with his secretary. I told her I never met the doctor. Then she said that the doctor must have visited me when I was sleeping. So I told her that when I went to bed that night I would send him a check.

• **K Sheth** Westford, United States Insured

My wife went to in-network hospital for the biopsy and appointment was based on list provided by the in-network hospital. When bill came, insurance company told us that doctor who performed biopsy was out-of-network!! Do we have to now start calling each doctor and ask question if they are in or out of network even when you are going to the in-network hospital? Hospital told us that they are "independent doctors" who are not hospital employees but provide services at the hospital. Interesting indeed!!

• **J Baker** Highland park, United States

My mother had pancreatic cancer that was discovered during an operation for a hernia. She lived for 6 months after the operation. Right after she died, I got a call from an anesthesiologist's office. I thought it was weird but they were checking up on her. After I told them she had died, I got a crazy bill. I wasn't sure who this dr. Was,
but we ended up paying an outrageous bill for a secondary doctor. It was totally frustrating and impossible to verify what he did.

- **John Burke** San Francisco, United States Insured

  When you contract a service the price is agreed in the beginning, but the medical profession send outlandish bills for services that sometimes are not needed much less agreed to in the beginning. I have contested bills from many Doctors and told them that since I did not shake their hand and agreed to their fees, expect no payment from me. Small claims court was my remedy for their bill collections methods and credit bureau reporting.

- **Terrence Kommal, MD** Pretoria, South Africa Insured

  In South Africa such practices also do take place. However with recent legislation, there has been some reduction in the practice, sadly, only for patients that are well informed. It is also common place for a physical therapist or other allied healthcare practitioner, to visit a patient for 2 minutes, pick up a patient’s sticker, and leave. I recently had my father experience the same, when he was admitted as a patient for reconstructive surgery. To the physical therapists dismay, she gave me long tale, before being told that I was a doctor, and very well informed one.

- **Kay M** Gainesville, United States

  I was patient at Shands/UF Health (non profit) and then sent to Shands Acute Rehab (which by its name I assumed was part of Shands/UF Health). All bills for doctors when I was recovering at acute rehab were from Simed (a for profit medical group) and half were from people I never met. A social worker (discharge planner) steered me to only one DME provider who told me what I wanted was not covered and then billed and collected from insurance. I tried to get through to patient rep at Shands acute rehab but no one returned messages.

- **Sharon S** Minerva, United States

  My husband had to have a skin graft, 6 mths after the surgery a bill came for $5000 from doctor did not know. I called their office and was
told that he had assisted the lead surgeon. Our insurance company said an assist was unnecessary. They wanted a letter from the surgeon explaining the assist. He would not provide, I refused to pay and threatened to sue for fraud. The bill was withdrawn.

- **Bruce Merchant** Oak Ridge, United States Insured

  Last March I was transferred from a NJ hospital to Mt. Sinai unconscious. I remain in a coma for nine days. When I was eventually discharged the bills began arriving. Fortunately my insurance carrier was diligent in helping me sort out the legitimate bills. For example, I just received a notice from the carrier informing me know that one doctor who apparently attended me billed his services ($40K) twice. I am personally contesting other significant bills from doctors. It seems like my condition was a magnet for some to "drive by" and scan my wrist band.

- **Michael Ball** Cordova, United States

  Seven years back I was admitted to a hospital in Memphis for MSRA. Long story short, the hospital refused at every request to provide me with a detailed bill. I also received a bill from an infectious disease doctor who did visit my room for (maybe) five minutes and billed me for $534.00. Legal notice: under no circumstances will I be personally responsible for any billing not within the network, or, not previously discussed with me. You will need a signed statement saying I was informed up front.

- **Ellen N** Highland Mills, United States Insured

  In 1980 I had spinal fusion surgery for scoliosis. I was in the hospital for nearly 3 weeks. An internist would visit daily following the surgery and listen to my stomach with a stethoscope. "No stomach sounds today" and walk out. Imagine my surprise when I learned that each of those 20 second visits were $250 and not covered. This was 34 years ago! We had no recourse. That experience taught me how to manage hospital stays in the ensuing years, of which there have been many

- **john f** Belvidere, United States
In December of 2010, I was hospitalized because of stroke. When the bills came in, there was a charge from a doctor I did not recognize. Calling his office, I was told he "checked me into" the hospital. While I had suffered a stroke, I was cognizant and alert, I had no memory of this guy, for good reason. According to his billing, I was checked in 3 days after admission. He was a fraud.

- **Michael** New Jersey, United States Insured

  I have individual health insurance through Blue Cross. I went in for a routine, semi-annual checkup and my doctor prescribed an endoscopy. I checked with the gastroenterologist and Blue Cross about the fees and confirmed it was covered. After the procedure, I received a bill for about $2,000 from the anesthesiologist which Blue Cross refused to cover. I had to pay in full.

- **Karen R** Boston, United States Insured

  My husband's first wife gave birth to their third daughter in the hospital elevator (quick labor). The baby was delivered by a nurse. But, he still received a bill for the delivery from the doctor, and for the anesthesiologist. And this was 40+ years ago.

- **Patricia K** Seattle, United States Insured

  Yes. I had an outpatient procedure - lobectomy, thyroid - about four years ago. When the bill arrived it included a surgical charge from a doctor I had never met and the description was in patient/overnight stay. When I inquired I was told there was no way for the billing department to get me more information on the invoice. The procedure was at Swedish Hospital in Seattle and the bill was about $20,000, which was paid for by my insurance company.

- **Rose Oakes** Riverside, United States

  Never received an odd bill but as a physician I know that when I assisted surgeons during surgery when I was a medical student they charged an "assistant surgeon" fee for what I did during the surgery. Not sure who got the proceeds from that. I certainly didn't

- **Cheryl P.** D.C., United States Insured
I can only say that I am grateful that my elderly parents reside in Canada. My mother had a pacemaker installed...no charge. During the post sonogram of her heart, they somehow found a small tumor on her kidney. Surgery scheduled. No charge. The doctors called her at home to see how she was feeling post surgery. No charge. Only charge...was for a private nurse we paid for in the evenings to be with my mother. We could afford it because the healthcare was paid for.

- **AC CA** Kennesaw, United States Insured

  Shocked to get a bill after 9 months, starting with a call from recovery agent. For a test listed & coded as preventative, insurance card indicating 100% paid, verified with diagnostic center of hospital, prior, that insurance will fully pay. The bill was after insurance had paid hospital 75%. When asked, the billing manager told us, that all users are initially told that insurance will take care of the payment. To add insult to injury, we were told, that "you don't get anything free in life!". That's after paying insurance premiums.

- **Mike M** NYC, United States Insured

  I recently had a cortisone shot in the shoulder. Just prior to administering the shot the doc's assistant out some jell on my shoulder and pushed around some ultrasonic device which rendered an image on a screen. The charge for the ultra-sonic part of the procedure was over $2,400. Two cortisone shots later they whipped out the ultra-sonic device again, didn't use it at all but billed for it anyway and the doc knew where to put the needle without it. Somebody's gaming the system.

- **Jane B** Washington, United States

  I went to the hospital for a procedure, and the fee was supposed to be a flat fee. Somehow my doctor's office did not submit that. The fee was supposed to be anywhere from $1,500 to $2,000, and I was charged $36,000. There were charges for many things, including for a surgeon who was never there as I had already paid my surgeon. It took MONTHS to resolve.

- **Edward W** New York, United States
In 1984 my mother was hospitalized for lung cancer. One day while I was in her room a MD who I did not recognize entered, looked at her chart, made a note and left. At the time, I thought nothing of it. About a month later while reviewing her Medicare statement I noticed an outrageous charge billed by this MD for something he did not do. I called his office and said that if he did not rescind the charge I would notify Medicare that it was fraudulent. Needless to say the charge was removed.

- **Chris D** Denver, United States Insured

At Children's Hospital in Aurora, CO, we were charged $500 for an out of network "emergency visit" for a doctor appointment we had scheduled weeks in advance. We were told that this particular doctor billed everything as "emergency" since they worked out of the hospital. We would have paid a mere co-pay anywhere else, and were not informed in advance. Needless to say, anytime there is a "Miracle Network" fundraiser for Children's Hospital, I consider my donation already paid.

- **Jay Schwartz** Baltimore, Md., United States

I had back surgery like Peter Drier's two month ago at Johns Hopkins in Baltimore. My surprise was not about an excessive bill but about how little the surgeon was paid by Medicare. The hospital received about $27,500 but the doctor with skilled hands only $2300, not exactly a king's ransom for 6 hours of work. Surely, the charge in Peter Drier's case is outrageous. But underpaying doctors in many instances may lead to these abuses.

- **Ann Falcone** Cleveland, United States

Yes. I had surgery in 2009 for endometriosis, and I kept receiving bill after bill in the mail. None of mine were near $100,000 like these poor people in the article, but I did receive more than a few for a hundred dollars here and there for "Emergency Service," "Lab Cytopathology," "Lab Urology," Lab Hematology," "Lab immunology," "Lab Panel," "Lab Chemistry,"Cognitive Services." I could keep going here. I was surprised when I got bills from several Drs from the emergency room. I was directed/forced by a Dr to go to the ER in the first place.
• **Susan S** Kingman, United States Insured

Yes, we are retired and live in a small town in Arizona. I am not yet on Medicare, but have Retiree insurance through my husband. It is excellent insurance and when I went for a bone scan at the hospital, the charges were reasonable out of pocket. We were however, surprised to get a bill OUT OF NETWORK from the guy who reads the radiology report. They billed UHC and put the charges on our Out of Network deductible side.

• **Joan-Marie Lartin, PhD, RN** Newville, United States Insured

A 2K bill for an ER visit to determine if I had an acute urinary tract infection or appendicitis. The ER bill, for an eval, urine test and IV, was 2k. The PA's bill was almost 800. Last gasps of a dying system.

• **DJ McConnell** Las Vegas, United States Insured

After my shoulder replacement, I received a call from my health insurance carrier. "Do you know who Dr. X is?" stating an Indian name. I didn't. "Do you know who Dr. Y is?" No. "How about Dr. Z?" Never heard of her. "Did you undergo a dietary consultation?" Well, some lady came by my bed and handed my wife a few pamphlets. Total charges for these four? ~$38,000, more than my anesthesia bill. Their charges denied by my insurance carrier, they're coming after me now. I'll BK before they see a bloody penny from me.

• **Doug M.** New York, United States Insured

I received a bill for more than $300 for a routine blood test. After I submitted the bill to my insurer, they informed me that they had paid the lab $15, and that I owed nothing. As for hospitals, I am reminded of another news story. This year, NYS Attorney General Eric Schneiderman went after certain strip clubs that were knocking people out and running up their tabs. He should now turn his attention to hospitals! (And Preet Bharara, the federal prosecutor here in NYC, should bring the RICO statutes to bear.)

• **Martin Gray** Long Island, NY, United States
When I received a lawyers letter demanding that I pay a hospital $10,000 for my new born baby that died in an incubator, I responded that I would I would sue for malpractice. That was 30 years ago. I never heard from them again.

- **Emily V.** Atlanta, United States Insured

  I agreed to a diagnostic procedure at the Doris Shaheen Breast Health Center at Piedmont Hospital. I asked repeatedly what it would cost but they could not tell me. I was given an information sheet saying my physician would discuss with me any further procedures, but instead the doctor followed the one agreed-upon procedure with an additional, more expensive one. I paid part but not all of the bill, because I object to the way they did this. Piedmont has sent the bill to collections, but I notified the collections agency that I am disputing it.

- **Joseph B.** East Elmhurst, NY, United States Insured

  Yes -- in 2004 I went to the ER at North Shore Hospital, where I was a clinic patient. I was covered for the ER visit, and X rays for the fracture. I was covered to be treated by a resident. I had a splint on the broken finger, which I had purchased. I was seen by a plastic surgeon, who removed the splint, and replaced it with a new one. I subsequently received a bill for more than $700 for the two minute he saw me. There would have been no cost to me for a resident.

- **Think Mann** Columbus, United States

  When my daughter was hit by a car (she was 3) I recieved a bill from a doctor I had never met, talked to, or knew of. I simply sent him a letter stating "Doctor never saw patient. Payment denied." I never heard from him again. I think a lot of these are just rogues who jump on every chance they get to bill a patient. Remember, in the states we have students take ethics classes but in Asia and other countries they don't take such courses. And some people really embrace alls fair in business.

- **Janet LeClainche** Elbert, United States

  It's been common for a long time. 10 years ago, my husband had surgery at a clinic (owned by the surgeon) for a minor procedure. The
surgery and facilities were covered. What was NOT covered were the anesthesiologist charges. We had to pay those. This is minor but still a surprise. More recently I had a routine colonoscopy. No separate anesthesiologist, but there was lab work for the biopsies (they always seems to do biopsies) and a outrageous charge for some out of state specialist to "read" the results. No wonder our health care is expensive!

- **Alisa K** Santa Cruz, United States Insured

  I went to an emergency room after a trip to Haiti because I thought I had malaria. At check-in I asked if the hospital was in network and they said yes. I got bills totaling thousands of dollars from the ER doc who ordered my lab tests. My insurance would not pay them because he was out of network. I thought I was covered and it was not disclosed to me at any time.

- **Carol C** Baltimore, United States Insured

  I broke my foot. The emergency room doc called a female doc over with a big grin on his face and said,"Want to consult." She smiled and glanced at the ex-ray of my foot and said," It's broken." Both laughed and she walked off. My insurance company paid for a "consultation".

- **Dwight D** San Diego, United States

  I recently suffered an acute myocardial infarction while on vacation in Switzerland. The medical care I received was credited with saving my life. When I called my insurance to report this (medical emergency and out of network care) from the recovery room of the hospital, the person on the phone asked, "So, what do you want me to do about it?" Once I returned home, my insurance company refused to authorize payment or any follow-up for cardiac rehabilition because the records of the heart attack and treatment are in German.

- **David S** Rockaway, United States Insured

  My wife recently underwent surgery at Columbia Presbyterian Hospital in NYC for removal of the first metatarsal in one of her feet. She has profound idiopathic neuropathy in both legs from the knees down and only required a local anesthetic for the procedure. Despite
that fact, an anesthesiologist was required to be in the operating room and charged for his "services", which amounted to standing at the side of the room (my wife observed him there throughout the procedure).

- **Susan Cohen** Monterey, United States

  My husband had an emergency spinal surgery. We were at an in-network hospital, had an in-network surgeon, and our insurer had approved the surgery. We received a bill for monitoring during the surgery by an out-of-network group for for several thousand dollars. Our insurer paid their rate which was about 20% of the billed amount, I appealed to the state insurance commissioner (California) and was told we were responsible for the bill.

- **Patricia Sumner** Brooklyn, New York, United States Insured

  I had an office procedure that the primary MD performed. Another MD came and did a portion of the procedure and I was billed by the out of network MD. Questioned and refused to pay since I was not informed prior to the procedure. It took two years but I finally won.

- **Andriy Tanatar** Toronto, Canada Insured

  My mother tripped in my apartment and broke an arm. She had no insurance at the time. The bill came in as 240 for an ambulance + 600 for admission fee + 150 for three CT scans + 250 doctor fee. I believe that if the hospital tried to bill her differently, they'd be kicked off the OHIP network, which means you get maybe 1% of the patients otherwise.

- **Alan** Sarasota, United States Insured

  After an 18 hour hospital stay for what should have been outpatient surgery my bill contained charges for medications that were not administered. I take 4 medications once a day and the hospital billed for 3 of each medication and charges for administering the medication. The hospital is part of HCA so no other explanation is necessary. They backed down when threatened with reporting Medicare fraud. I reported them anyway.
• Miriam Allenson Clifton, NJ, United States

This practice has been going on for many years. Over thirty years ago, as I lay on the gurney in the operating room, ready to be put under for my hysterectomy, my surgeon "introduced" me to the assistant surgeon, whom I had never met and did not know. Of course he billed me. I refused to pay.

• Dan B. Thousand Oaks, United States

My ENT surgeon was in-network, but he did a simple deviated septum repair across the hall in an small outpatient surgical center he owned with two other doctors. The surgical center billed $126,200 for the 3 hours or so I was in the facility. Sadly, over my strong protestations and complaints to both the insurance company and my employer, they were paid over $100,000. Our medical system seems more dysfunctional than ever.

• Greg Kramer Sparks, United States Insured

No, but I have experienced ER with its practice of utilizing a physician's assistant or nurse practitioner then billing it under a doctor's name to the insurance company. This may be part of the hospital's third party outsourcing procedure but I was surprised to be examined by a PA then billed as if a doctor had examined. This also happened to my wife at the same hospital.

• Karen M Cleveland, United States Insured

When my active healthy 55 year old husband was diagnosed with an acute STEMI (heart attack) the local Med Center requested Life Flight to transport him to the Cleveland Clinic for treatment. He was diagnosed within minutes of walking in to the Med Center and the staff arranged for immediate air transport. My husband went into cardiac arrest as he was being loaded into the helicopter. He was resuscitated (CPR and defibrillation). Treated with 2 stents at CCF. Back to work in 5 days. $13,800.00 helicopter bill denied because it was not in Med Mutual network. HORRIBLE.

• Dan Masica Saint Paul, United States Insured
This is small, but says a lot. My doctor's office billed Blue Cross $90 for an "office visit" on the insurance claim for my annual physical. Turns out, that the question I had about my sinuses -- which was in response to my doctor asking "if I had any questions or concerns" near the end of the physical -- instantly became an "office visit". I refused to pay the charge and wrote a strongly worded letter to the main office of the P.A. They backed down, and removed the charge.

**Marcy L** Manhattan Beach, United States

My orthopedist requested a MRI for my son. I negotiated the rate and confirmed the MRI was in network. My orthopod wanted to review the films with his colleague. I agreed because the assured me this was of no cost. I was unprepared when the radiologist reviewed the films without my request, who was out of network and sent me a bill for 1500. I as a nurse case manager thought I had covered everything.

**Rick D** San Clemente, United States Insured

I had cataract surgery this year on both eyes in Orange County, CA. In explaining the costs, my Dr. never mentioned extra fees for out-of-network anesthesiologists. These surgeries took about 15 minutes each, and for that I was charged about $1000 each, of which about a third was reimbursed by my wife's health plan.

**Frank Dahill** New York, United States Insured

A couple of years ago I had some cortisone injections in my hip. My doctor from HSS assured me that it was all covered by my insurance and there would be no out of pocket expense. Three weeks later I got a bill of $1500 from the facility where the procedure took place for the use of the operating room. It seems they did not take my insurance but no one ever told me that. I tried to not pay it but got many threatening letters from collection agencies and was worried about it affecting my credit score.

**Richard Brown** Pensacola, United States Insured

Went to an in network hospital emergency room for chest pain, received a bill from a physicians group for $1,800 that was out of network, this physicians group was contracted by the network
hospital to attend to patients in the emergency room. Although there is no laws forcing network hospitals to have in network physicians and services, maybe the insurance companies should require such in order for that facility to be in network.

- **Steve Rosenfeld** Manlius, NY, United States

  Yes. I had a heart attack several years ago, and thought I was experiencing a heart-related problem about two weeks later. I went to the emergency room at a nearby hospital. After the incident, I received a bill for the ER because the doctors who treated me were not covered in my policy. The emergency room was covered, but the doctors in the room were not. Therefore, I had to pay an extra fee of close to $1,200 to the doctors, out-of-pocket. I protested the fee. I ended up paying it to a collection agency.

- **Michael Wilson** Salt Lake City UT, United States Insured

  Back in 2009 I had a severed tendon in one of the fingers of my right hand. When I went to see a hand specialist at our local clinic, he looked at the x-rays, which were taken 4 days earlier and billed separately, and then proceeded to put a splint on my finger. After 4 weeks the ruptured tendon was repaired. When my insurance company's EOB arrived, I was amazed to find that the clinic had coded that simple procedure as a "surgery" and charged $1,250.

- **Don d'Aoust** brooklyn, NY, United States Uninsured

  While my wife was in delivery room the hospital claimed they reserved a recovery room for her for the whole 12 hours of labor without my consent. But I found out there weren't any available rooms that night, hence no reserved room. this Catholic Hospital would not remove bill for months till I finally threatened to go to the newspapers with the story. Only then did they drop that charge and ALL my other charges for the birth. They did this rather than change Policy!

- **Frank K** Glendale, United States Insured

  In early 2000, experiencing a mini-stroke, I was coerced by an administrator into spending the night in the hospital, after the paramedics dropped me off, under the threat of no insurance
coverage: the result was a miserable, wasted, unnecessary night. On top of that, when I received my bill—nothing financially exorbitant, I saw the Indian name of a doctor I'd never heard of. I told the insurance company and heard nothing more. Maybe they were testing the waters.

- **Anonymous** Jacksonville, Florida, United States Insured

  I had a stress test with dye on December 30, 2003 & my insurance was billed $793.74. On March 29, 2012 the same test (same Doctor) I had another. This time they pullin in a 'hospital employee' to perform the hookup for my heart beats on the treadmill. Her bill was $2,783.00. I was not informed in advance that someone other than the doctor's employees would be doing this function. I will never go see him again and told him so and why. Hidden charges for an unnecessary hospital employee. His bill was $680.

- **Sherri Ziemba** Lincoln, United States Insured

  Yes total knee replacement approved by provider at in network hospital and surgeon. After surgery I was billed $24,000 because the in network hospital was not in the insurers "value based facility" program and insurance would not pay the bill. Although they authorized the procedure they failed to inform me of having to go to a special facility

- **Teressa Glazer** Gainesville, GA, United States Insured

  When my husband had surgery on his esophagus, we made sure the surgeon and hospital were in network. It never crossed our minds to make sure the anesthesiologist was, too. bad move. We are stuck with a $2000 bill because insurance only paid 50%, not 80% and there was no discount as is negotiated with in network providers.

- **Carol L** New York, United States Insured

  I had procedures that were supposed to be covered, yet I still got billed by unknown doctors or anesthesiologists. When I call my provider, they tell me these doctors are not covered and to call directly. When I call the billing company directly, I usually get the cost reduced or told not to pay it. This extra billing has come into play now
for a few years. I never understood this until I read this article. I am glad I live in NYS since the new law will help. The healthcare lobby in this country is out control.

- **Elizabeth F.** New York, United States Insured

  Yes. I was surprised after a colonoscopy when I was billed by an anesthesiologist not in my network. Since then I have always checked ahead of time. Fortunately my insurance company covered the bill anyway.

- **Robert F** New Jersey, United States Insured

  What is particularly egregious is how these practices are applied to elderly patients who may not be able to understand the complex billing arrangements among providers. I spent months cross-checking the bills and the Explanations of Benefits that were generated by care providers, Medicare, and secondary insurance for my 86 year old mother's care. She couldn't follow what was going on and eventually just stopped opening the envelopes. It took months of effort to try to ascertain for what bills she was really responsible. Getting rid of this ridiculous complexity is a great argument for a single-payer system.

- **Eileen F.** Toledo OH, United States Insured

  I'm battling a hospital billing me and Medicare for in hospital services I was never told the need for nor given the price of in advance so I could make a rational choice. I've lettered the billing dept, the ceo, the med director, Medicare and its Inspector General....a respiratory services bill duplicates nursing care; physical and occupational therapy arrived no one explained why, let alone divulged cost, and Medicare was billed inflated rates for meds it had already bought for me via my Medicare D. Talk about ripoffs.

- **Mark E** Albuquerque, United States Insured

  Had to pay $900 for an ambulance ride for my son, literally just done to transport him from the general practitioners office to the hospital. No emergency, just no clue that it was not covered by my top-shelf health insurance.
• **C Tsai** Norwalk, CT, United States Insured

My mother had a stroke, local hospital admitted. I decided to transfer her to a better hospital. We were discharged and waiting for ambulance when the neurologist came. The nurse told the neurologist my mother was discharged, I told the neurologist we were waiting for the ambulance. But she so wanted to bill for a visitation, she asked my mother how she was. I promised that if she sends a bill, I would report her for medical fraud. SHE DID--BILLED MEDICARE FOR OVER $300. But my mother had died. The local hospital would not give me the medical records.

• **jack b** tulsa, United States

A piece of paper advising healthy diet and exercise, stapled to the back of other papers = $50 for "lifestyle counseling".

• **Tom Cushing** East Bay SF, United States Insured

Yes -- I was 'in' overnight for a store-bought hip, and was billed $1000 for some 'hospitalist' doc I didn't know -- and never saw. He's still waiting for payment.

• **Francine L.** Fairfax, United States Insured

In 2008 I saw a urologist for a solution to recurring UTIs. During examination, the physician asked me if he should "snip" something that would lead to better urine flow. I said sure. Now I know better, after seeing that he billed my insurer nearly $600 for the "snip." Also, he had yelled at me when I balked at taking Cipro prior to the exam.

• **Val H** Bluffton, United States

My son who was unemployed at the time, had a car accident and while unconscious was airlifted to not the nearest hospital that would've been only a few miles away, (in fact, there are two hospitals that were nearby) but crossed the state line to a hospital that was a 45 minute drive away. He needed a few stitches and had a concussion and was released 12 hours later. The hospital bill was what you would expect, around 12,000. The helicopter ride? 23,000! It's in collection.
• **Robert F** Seattle, United States Insured

   Same thing happened to me. A medical provider who I never heard of participated in my surgery and then sent me a bill NOT covered by my insurance plan. I called this unknown to me provider and the physician-in-chief of the hospital, and told them I was going to sue them and the hospital for assault and battery. I never paid the unknown to me provider's bill and I never heard from him again. Case closed.

• **Lavinia M.** Richmond, United States Insured

   After the birth of my baby in the 1990s, I got a letter from a specialist's office saying I still owed $6000 for a hospital consultation. I never met this person and the pediatrician never mentioned a consultation. I had good insurance, but was perplexed about what role this phantom doctor had played. Dunning notices continued, and the insurance company insisted they didn't have paperwork from him. About 8 months later the insurance company called me, apologizing that they had, in fact, just found my paperwork stacked up on a shelf. And those were the good old days.

• **Robin P** Fresno, United States

   My husband was driven to a Barstow CA hospital with severe kidney stone pain. They wanted to do an X-ray and in the middle of it the machine went down and had to be rebooted while we waited. We were very surprise to be billed for an extended (double the rate) stay in the emergency room for him having to wait, which insurance didn't cover.

• **Vicki C** Bedford, United States

   20 yrs ago my husband, type II diabetic, was in hospital for 10 days following emergency exploratory surgery. He had LVNs check his insulin levels regularly and would get injected insulin as needed since he couldn't take his normal oral meds. Doctor who had the concession for the hospital lab charged $50 (or more) every time that bedside test happened—even though he NEVER actually saw or was consulted about his care....cash cow! Finally shamed him into cutting charges—but insurance (20 yrs ago) didn't care...
• **Verena H** Benicia, United States Insured

I had minor thumb surgery to repair a trigger thumb condition, which the orthopedic surgeon had told me on the exam would take him about 5 minutes. It was carried out at a nearby surgery center. I was in and out in ~2 hours. I was given light sedation by an anesthesiologist. The bill from the surgery center was $28,000, the anesthesiologist billed $10,000, the orthopedic surgeon $2200. The insurance has paid approximately $9000 for the procedure. I do not know if I will be liable for the balance. I would have reconsidered the procedure had I known the cost!

• **Sue Z** Chestertown, MD, United States Insured

Dunning for payment of $15,000 for a minor "PRP" treatment that took 30 minutes in the office, after being asked to read, understand, and sign a commitment to pay, while in excruciating pain. After a year of contradictory billings, I finally refused to pay any more, and meet them in court, if necessary. They backed off. These actions were surely unethical, if not illegal.

• **Anonymous MD** New York, United States Insured

As a surgical resident my perspective on all of this is one of naivety; when my patients ask questions about the finances of their treatment my response is that I do not know. From my training I will never know a patient's insurance, how much the institution will bill, how the insurance company contracts handle that, who will ultimately receive money for the work done, etc. What I know is the pathology and the standard of care for treatment, the money is a Pandora's box to the patient determined by institutional policies and fees.

• **Holly Golightly** Summit, United States Insured

This happens all the time. I am Medicare patient, went to my groups urgent care facility for a cut on my leg. They gave me a tetanus shot, since I have not had one in twenty years. Soon the bill arrived, $60 for the vaccine, $120 for the administration of the shot. Of course I protested in that I was not told it was not a Medicare covered expense.
• **Gary T** Nashville, TN, United States Uninsured

With no insurance, when my wife needed a diagnostic colonoscopy and gastroscopy, I inquired what would this cost us. I was told that if we paid in advance, we would be charged $1400. When I took my wife to check in, I was informed that $1400 was the "Entry Fee". And that we would receive a complete bill later. That bill totalled an additional $7,800. My response was, I don't have the money. After about four such responses to request for payment, they quit calling. :)

• **Peter H** Bayport, United States

After a minor surgery I received a duplicate bill, a fee that was paid by the insurance company and myself. I tried to explain to the office and billing staff - but to no avail. After many weeks I finally got the doctor on the phone, walked him through my explanation and he agreed and sent a refund. Less persistent people may have just let it go. The medical industry needs to self regulate MUCH better than it is currently.

• **ej b** new york, United States Insured

during my csection, my ob said he had asked a second to come in in case things got difficult. I then received a bill from this surgeon's office, saying they would not bother to bill insurance since they usually do not get paid. I said that was not my problem, and filed it to the insurance company. the original ob apparently got a lot of requests for clarification as well, as the office complained to me. I said, again, not my problem.

• **Susan M** New York, United States Insured

This happened to me -- though the fee was not at the same level as Mr. Drier's...nevertheless I was outraged. Here I was lying on the "table" at my GI's office waiting to have an endoscopy. In bounded the anesthesiologist who had me sign some papers. He turned out to be out of network and billed me $1700...I made a huge stink with him and my GI and ended up paying a fraction of that. The doc was furious and responded to my outrage with: "Thank you for stiffing me for bringing you back to life..."
• **Salaried Anesthesiologist** Texas, United States Insured

I am a salaried physician, and very happy with that arrangement. I've never had to rake a patient over the coals to extract an excessive fee, and I've never ordered tests, done a procedure, or referred a patient to a lab owned by me or a crony to increase my earnings. These practices are disgusting. When I go under the knife some day, I will be just as vulnerable to this predation, and I hope I will have as much presence of mind as Mr. Drier. Is it any wonder physicians now have the prestige of used-car salesmen?

• **Tom Carr** Atlanta Ga, United States Insured

On my first colonoscopy, I had high deductible insurance. I asked the doc what it would cost. He told me $700. A month later I got a bill from the doc for $700 and a bill from the hospital for $3000 for the use of the room. I complained to the doc about it. He was condescending and rude.

• **Ernest H.** Queens, New York, United States

In 2001, only 13 years ago, I received emergency surgery called subdural hematoma to remove a blot clot in my brain from an injury. The surgery was successful obviously, and I remained in the hospital for about 5 days for recovery (I had to learn to walk again). I don't recall the total cost to my insurer but it could not have been more than $35,000, and it was virtually all covered by insurance. Today, the same procedure and care would approach $500,00 (at least the amount billed). So what happened between 2001 and 2014?

• **phyllis n** tucson, United States Insured

I never realized it was a pervasive problem. I had a surgery and made several phone calls to make sure I understood the co-pays etc. After it, I got nailed for an assistant surgeon that no one had told me about. And when I was in the hospital and they gave me percoset. I told the PT to come back later to teach me the walker, because I was nauseus and they charged me $400 for that "evaluation". These scammers should be stopped and I hope the Times follows this story.

• **Dr Kate T.** Boston, United States Insured
Yes, charges from doctors who only popped their head into my room to ask how I was, then later billed large fees. Happened years ago in San Francisco, CA, and then for an operation in Boston, MA. It was shocking & felt like an illegal billing. After reading your article, I think I'll write "No Out-of-Network Physicians or Consultants" above my signature on any forms I'm asked to sign, if I ever need hospitalization again.

- **B m NY, United States Insured**

  I was in the hospital for an infection and it was a parade of representatives with services not needed. I was able to process the right from the wrong but several put up pretty stiff arguments despite being called out on unneeded services. I cannot imagine an elderly patient able to withstand this onslaught. These folks- if caught should be prosecuted for grand larceny! It is not different from robbing a bank or breaking and entering.

- **Michael S New Yori, United States Insured**

  When my doctor detected a small heart murmur, she ordered an echocardiogram. When I received the bill, it came with another fee from an unknown doctor, who "interpreted" the results. I had never met him or heard of him. After a little research, I learned that the unknown doctor was the husband of my doctor. I complained and they deleted the charge. She at least should have told me of this in advance. Sleigherzy.

- **Richard Rorex Apple Valley, California, United States Insured**

  My wife had kidney failure which caused her death. She was visited by many 'ghost' doctors who billed Medicare part B which I do not have since I have a Blue Cross/Blue Shield PPO. One year later I am still getting bills not submited to my insurer. Outrageous! I have to tell the billing offices I do not pay until I get an EOB from BC/BS and that usually tells me I owe nothing more to that biller. Obamacare will not solve incompetence.

- **Anonymous Closter, NJ, United States**
I went to the ER when I came down with what I suspected to be shingles. It was the weekend and I did not want to wait till Monday to get a prescription for antiviral medication, knowing that it should be taken as soon as possible once the dreaded rash appears. The doctor on duty in the ER to confirmed that it was indeed shingles and I was given a prescription. I received a bill for $1,200 from the hospital for this service.

- **John E A Smythe** Kingston, Canada Uninsured

  I live in Ontario. I do not pay these unbelievable charges

- **Richard Cohen** New York, United States

  About 5 years ago I came down with pancreatitis while vacationing in Paris. I was hospitalized for 2 weeks given many tests and complicated procedures & billed $23,000.00 for my stay. My insurance picked up the entire bill. After returning to the states I suffered a relapse and was admitted to New York Weill Cornell, probably the best hospital in New York. I was there almost 1 month and received the same type of care I received in Paris. The bill, around $500,000.00.

- **Tom Urban** Lansing, United States

  I have and I reported all three of them for fraud to my carrier. Of course they all lied and said it was an accident but I nade sure they never seen a penny.

- **Richard K** Bethesda, MD, United States Insured

  Like others who've received medical care in this country, I've received bill after bill for a procedure. The bills are large and incomprehensible, and I usually just pay them. The shenanigans Rosenthal describes are possible only in a fee-for-service medical system, in which individual practitioners separately bill for each service they perform. The solution is for medical care to be administered by "medical home" type institutions, such as Kaiser Permanente, the Cleveland Clinic, etc. Such institutions take full responsibility for their patients' care, and so they write contracts to make sure the costs they incur are reasonable and fair.
• **Benjamin Halpren MD** Atherton, United States Insured

Last year my wife had a ruptured cerebral aneurysm in Kyoto, Japan. Fortunately our hotel was a short distance from the Kyoto University Hospital, one of the best. I expected an unbelievable morass of bills and at least 500k in total charges. Instead, after five weeks of excellent care in the Stroke care unit, the total bill was $47K. No bills from asst. surgeons, radiologists, anesthesiologists, PT, parenteral nutrition, consultants and all of those hangers-on mentioned in this article. Everything was included in one bill. When are we going to demand a system like that? It's simply outrageous.

• **Michelle M** New York, United States Insured

Thank you Ms. Rosenthal for this wonderful series. I disputed a $20 charge from the pediatric ER at Mt. Sinai for taking my son's temperature. I challenged their representation that this was a separate procedure. I could afford the $20 but I was not going to let them get away with such specious nonsense. I did not have to pay it.

• **August S** Houston, United States

My daughter was on a school trip, somebody tries to break on her hotel room and she had a panic attack, teachers decided to take her to emergency. Later I was hit by a almost ten thousand dollars bill, I call them to request who was the doctor that order all this tests, no answer, since this hospital is out of the network I am responsible for most of the bill. At the hospital I talk to her and she was calm and reasonable, so I let this take its course, what a mistake. Be careful.

• **Ellen Dunkin** Larchmont, United States Insured

This is not new. 27 years ago during the birth of my first child I was approached by a person who shook my hand and then left. I gave birth to a healthy baby boy without any anesthesia. 4 weeks later I received a bill from an anesthesiologist for $400. I ignorantly paid the bill. About two or three years later there was a huge scandal involving fraudulent billing practices by anesthesiologists at the same large well known Long Island institution I gave birth in. That man in the white coat who sent me that bill was of them.
• **Jordan B** New York, United States

Was charged $1000 for an out-of-network doctor who failed to draw blood from my 3-year old son. This happened at a supposed in-network hospital. These people are immoral.

• **Maggie S** Los Angeles, United States Insured

In the last year I was experiencing difficulty with my right eye lid. I had a cyst (common) that simply wouldn't go away, no matter what remedy I employed. I called several doctors that were in my network to arrange an appointment & because I have a high deductible I asked the office manager for an estimate of costs. Not one office would provide me with office visit fee estimate. Why? I asked and never received an answer.

• **dana b** Hollywood, United States

Dr. Mangi, said hospitals often encouraged extra visits for both billing and legal reasons. He said he was required to request a physical therapy consult before each discharge, for example, even if he felt there was no need. “You can cut fees, “There’s been a mushrooming industry of mandatory consultants for services that neither doctors nor patients want.” We really need to nationalize our health care. Flat fee of 250,000 a year salary with bonus for quality care outcomes. Verified. Bad doctors lose their license. This is just legalized theft and must be killed.

• **K D** Arlington, United States Insured

In 2013, taken by ambulance late night with GI bleeding. While waiting in ER, fell down and lost consciousness in bathroom. After 3 days and minor surgery - billed about $100k. Insurance (Blue Cross Blue Shield) paid quickly. My share - about $15k. Dozens of bills from independent contractors and unknown Dr's. Even ER was separate contractor. Every blood draw - there were hundreds - was billed separately. Insurance company did nothing. Spent a year fighting dozens of offices, collection agencies, threatening phone calls. My wife urges suing the hospital for negligence and unnecessary diagnostics. Who has the time?
- **Will Ragland** Alexandria, United States Insured

  Yes, I went to the ER one evening after falling on a garden spike, which pierced my right chest area. I was covered by Kaiser Permanente, who refused to cover a specialist that was called in to analyze an EKG. This was in George Washington Hospital in DC and I was billed over $3,000. After going back and forth with my insurance, they refused to cover this charge and I appealed and appealed for close to 12 months. During that time, the hospital reduced and reduced the charge until it was at $600, which I took and paid.

- **Frank Logano** Maple Glen, United States Insured

  These types of problematic practices will not stop until we put the point of accountability squarely on the hospital. If they let Dr Mu into the operating room or use him otherwise they need to understand the impact. Some disagree but the accountable care concept need to become a law of this type till bundled pricing is in place.

- **Holly McClean** Fort Lee, NJ, United States

  I have a friend who had breast cancer, also got all the approvals she needed and yet spent endless hours of her recovery time fighting with hospitals who got approvals for her chemotherapy but was billed for peripheral things that go along with it. Despite the hospital getting approvals for all her treatment. When people are ill they should just be allowed to get better. Dr. Mu is just trying one on and doesn't expect to get all of this and this patient should tell him and the hospital, no.

- **Jeffrey Weinstein** Lake Station, Indiana, United States Insured

  I have also experienced this. I was in the hospital for almost a month, while they were trying to figure out what was wrong with me. Most of that time I was simply on pain killers, waiting for tests to come back. I saw 6 doctors on a regular basis and a couple of specialists. When the bills started coming in, there were over 100 doctors billing my insurance, most of whom I had never seen or heard of. I don't know if they were necessary or not, but it sure shocked me.
• **Nancy G** Dennis, United States

I received an insurance statement listing the cost of an out of state pathology lab. I've appealed because there are many good labs in the area & so far most of my doctors are good about being pro active in keeping charges in network. In addition, there was nothing as a result of routine procedure that indicated need of any specialized or unusual exam. It's not as egregious as some of the incidents I've read here. When did it become legal to charge for a service not requested nor necessary?

• **Ken H** walnut creek, United States

One of our doctors is an "in network provider" but submits all his charges out of network to maximize his fees. BCBS says there is nothing they can do to force the doctor to submit in network. The out of pocket difference for an office visit goes from $111 in network to $250 with partial out of network coverage. Bottom-line the doctor is not content with making $400,000 a year, they want to make as much as they can, gaming the system, like in this article.. Patients should require an Out-of-Pocket CONTRACT before they enter the hospital.

• **Karen L** Chicago, United States Insured

Received a $1500 bill from an out of network infectious disease doctor when daughter had EColi. After insurance denied, doctor settled for $250. Was told county requires such a specialist be called in these cases. Went to ER for a possible heart attack. Found out later the ER attending was out of network even though the hospital was in network. After complaining to hospital that I was in no shape to ask questions, the insurance company and hospital and ER doc negotiated a payment (that I still had to pay because of high deductible policy).

• **Victoria Todd-Smith** Silver Lake, OH, United States Insured

I was in the Cleveland Clinic for brain surgery last May. When I was moved to intensive care, a doctor I did not know came by to see me, took ten seconds with his stethoscope to check my heart, took a payment bar code from my chart and left the room. He did this four
times in two days. When I received my bill, I saw that he had charged my insurance company $1,025 for forty seconds of patient care.

- **Lou R** New York, United States Insured

  Had a routine colonoscopy in my doctor's office which I thought was covered by insurance. Later, got a bill for $1,200 from an anesthesiologist I never met before the day of procedure when I was lying on the examination half naked. Guess I forgot to ask if he was in the network. He submitted the bill to my insurer, whose name he must have gotten from my internist. The insurer declined to pay saying he's not in-network. Internet posts say this gimmickery is common. If he sues, I'll try to force him to testify.

- **Stephanie G** Brooklyn, United States

  This happened to me back in 1998, not in surgery but as part of hospital treatment. A specialist flanked by an entourage came in and spent about 1/2 hr diagnosing a problem I had developed. Nobody said to me, "This doctor charges $1000 an hour, are you willing to pay her full charge if the insurance company doesn't?" Months later I got the bill and refused to pay more than reasonable and customary, which the insurance co. had already paid. Fortunately her office stopped pursuing me.

- **bruce picken** greensville/nara, Canada Uninsured

  no I haven't. I thank sky fairy that i'm Canadian when I read stories like this. a profoundly dysfunctional system is the kindest thing you can say. my biggest concern when I go to specialists or during my several, minor, surgeries was that the hospital charges too much for parking. I walk a little further and pay nothing.....

- **Charles Cross** Fayetteville, AR, United States Insured

  I caught an ER doctor calling another doctor for a second opinion. I asked him if he wasn't qualified to be an ER doctor I wanted a different doctor. that phone call which could not have had importance at all was billed for over a $100 on the bill...

- **Nicole McLeod** San Antonio, United States
Yes, I had a spinal fusion in 2011 and only recently paid off the debt (around $7,000 total). Several bills I received I don't understand. One, I tried to fight and grew tired and ended up paying -- it was for a walker that was dropped off in my room. I didn't use it because I had my mom’s and so I left the hospital without it, and later received a bill. I called many times without any luck. It was the same situation, I had growing debt, and no time to negotiate so I paid them all.

- **Brad Williams** Vancouver, Canada Insured

Being a citizen of Canada, I was shocked but not surprised. I have family in the U.S., and it appears to me that if you are well educated and stay healthy, you should do well. How many people can write checks for $117,000 to a doctor!

- **Andrea Amiel** New York City, United States Insured

I had outpatient sinus surgery at NYU Langone hospital last year. I spoke to hospital a ms Cigna before surgery to make sure my out-of-pocket costs would be about $1100, which I paid upfront. Six months later the hospital came up with nearly $4000 in additional out-of-pocket charges for tat surgery, with no explanation. Fighting it with hospital and insurer, and no one can tell me why the charges are 3x what I paid in advance

- **Harry Anderson** Maitland, FL, United States

A few years ago I had a pacemaker/defibrillator inserted at Adventist hospital. When I asked about the cost to me, I was told $5000; $7500; and then $11500. The bill I received was nearly $160,000. It was only after questioning the reasonableness and threatening a suit over fraud, the matter was settled. On a later admission for battery replacement [in and out same day] I received a bill for over $100,000. Watch Consent for Treatment form that refers to "usual and customary fee" and insert "reasonable". Hospital forms intentionally omit reference to "reasonable", but state law infers.

- **Leigh H** Panama City, United States Insured

I had made an appt w/my dr at her office for ear pain. Had ruptured 1 ear drum & the other had impacted ear wax. They irrigated the waxy
ear. On the invoice my insurance sent me, it had ear surgery. I told the ins co that I did not have surgery & all the dr did was pour cold water in my ear. They just laughed & paid it anyway.

- **Chris Wong** New York, United States

  No doubt many professionals bill for services that patients are unaware of and communication and clarity should be improved. However, these professionals contribute to the person's well-being. Having been in places where family had to camp under the hospital bed 24/7 so that they could provide seemingly simple assistance like shifting in bed, drinking, and going to the bathroom let alone change a dressing, inspect for an emerging infection, or prevent a blood clot and myriad other consequences that can extend beyond the awareness of the patient and the family can help one appreciate what others do for you.

- **David West** Milton, Canada Insured

  I was diagnosed with non-Hodgkin's lymphoma resulting from rheumatoid arthritis. I had a biopsy, visits from my rheumatologist, an 8 day hospital stay to stabilize heart, breathing and loss of voice after the tumour shifted, chemotherapy and radiation, care from an haematologist, radiation oncologist and ENT specialists. Additional testing confirmed the lymphoma was caused by the RA, not the biologic. CT scans, blood tests, x-rays and ultrasounds. The haematologist indicated a better blood formation drug was not covered under Medicare. My employer plan paid 90%. My cost was $3,000 (10%). Nothing was a surprise. Great care and remission.

- **Sharon Jeffrey** York, United States

  I was visited by a Dr. giving me discharge instructions. Problem was 1. I was not being discharged and 2. She had the wrong patient. Still got billed. Good thing I was at least cognitive to tell her wrong patient.

- **Mike Donegal** Columbus, United States Insured

  I needed arthroscopic knee surgery after a fall when I was on a vacation in France and had no insurance. I thought my insurance here covered me abroad but it didn't. Their universal system covers
citizens but visitors have to pay out of pocket full price. Turns out the full price for arthroscopic knee surgery was $3700 US! I almost laughed because it was so cheap. I called three practices within 50 miles of me here in the US and the cost ranged from $11,00 to $16,000 for the same damn procedure IF and ONLY IF it was IN-Network.

- **Chris E** Lancaster, PA, United States

  My local hospital outsourced their ER doctors to a company out of Boston. I had 3 visits last year prior to cancer surgery and paid the $100 contracted rate at each visit. I was billed for thousands of dollars total for the physician services. My insurance company calls them "invisible providers" and it took over 9 months to get all of the bills straightened out - while they kept threatening to send me to collections if I didn't pay NOW.

- **Steven P** Westport, CT, United States Insured

  For arthroscopy at Hospital for Special Surgery. HSS was in network, my surgeon was not. His declared fee was 15k, insurance covered a "standard and reasonable" $900 for the two hour procedure and reimbursed 80%. No surprise. But an additional $10k appeared for an "assistant" that was disallowed. The doctor negotiated with the carrier based on the "extended" bill, got more money, then negotiated with me. Clearly, carriers disingenuously set extremely low rates and then, like Capt. Renault in Casablanca, proclaim they are "shocked to find gambling going on." Time for a single payer … and some prosecutions.

- **Janice J** Denver, United States Insured

  My kid was born with a hip problem. Our pediatrician checked her out and had an orthopedist of his own choosing look at her. The hospital sent in some random orthopedist who billed us and we could do nothing but send a letter condemning her for her bill and pay it out with the coupons the hospital sent to us! It was incredibly unethical and maddening. This was decades ago in Chicago- sounds like this (mal)practice has been thriving.

- **Leslie M** Nashville, United States Insured
I was asked to come in for a doctors office to run labs for a test. They did not tell me that it was a genetic test and that it would be run in a lab that is out of network. The test ended up not being needed and now i'm stuck with an out of network bill costing us in the hundreds. I know it's not some thing crazy like the stories above, but it's just another simple way that we are getting cheated out of our right of the decision process.

- **Frank Nye** Fort Wayne, United States

  Two years ago I had my right knee replaced, which worked very well. When I received my bill it listed the surgeon, the hospital and also listed $28,000 for "consumables". As I was in the hospital overnight only, I haven't been able to figure out how I consumed so much stuff, in such a short time. When I asked about it the staff changed the subject and didn't answer. A more recent example I was billed $18.00 for the needle injection to draw blood for a test. The test itself was billed separately.

- **Lisa T.** New York, United States Insured

  My (former) gynecologist, a preferred provider in my network, ordered a D&C. I confirmed coverage of the hospital with my insurer. After the procedure, I will billed 1000 dollars by the anesthesiologist, who was out of network. My gynecologist never told me he was using an out of network anesthesiologist. I wrote to him after I got the bill, asking why he hadn't at least discussed with me why he couldn't use an anesthesiologist in my network. He didn't respond. I was stuck with the bill.

- **Marge Y** Riverside, CA, United States Insured

  My son swallowed a quarter. His pediatrician suggested we go to the ER, where a pediatric gastrointestinal surgeon was called in. By the time he arrived, xrays showed the quarter had already moved into the small intestine, which meant it was too late for surgery to extract it from the stomach, and all we could do was wait. He never laid a finger on my child, yet we were billed for thousands of dollars for the surgery which never took place.

- **Dianne D.** Houston, United States Uninsured
I had an injection of steroids into a thumb years ago, to treat arthritis. The doctor was required to code the injection for insurance purposes (read: to jack up the price) as a $400 surgery with administration of $400 of medicine, for a total of $800 for a one minute procedure. Probably a bargain price in the US by today's standards.

- **Judi McMahon** Tucson, United States Insured
  
  This isn't unusual at all! I was billed an outrageous amount for a 10 minute office consultation. Doctor billed me for hundreds of dollars, called it a "tax write-off". Since he bragged of doing a dozen bariatric surgeries per week -- by ballooning out a 10 minute consultation, he's created a phony tax-loss!) Furthermore, the care I experienced at St. Mary’s Hospital in Tucson was appalling. Cost of 3 day stay : $17,970. Room was filthy, requests for help were ignored-- it was a nightmare!. May I send you proof/photos of all of this?

- **Ryan H** Yonkers, United States Insured
  
  A few months after my spinal surgery, I received multiple bills for out of network services including the primary surgeon. They exceeded 80,000. The hospital, where the Dr is head of the department, told me specifically they had a pre authorization from my insurance company. I got repeatedly some story that the hospital was in network but the Dr was not and this practice called "balance billing" was common practice. I fought more than a year and eventually settled for about 10% of that amount. I can't believe this is legal, Dr should disclose balance bills up front.

- **leslie benway** rye, United States Insured
  
  I have had 3 surgeries in two years - one spinal surgery then two hip: misdiagnosed first time. hip surgery #1 was oops that did not work so let's operate again. Post surgery, i could not even deal with all the bills which overwhelmed me - a year later I started going through them, and was appalled - it's such a scary business as you have no control over your wallet through the whole process - if ever an industry needed regulation, this is it.

- **M M** Illinois, United States Insured
I need to see a doc regularly. Went to his outpatient clinic as always. No equipment was involved. I had changed insurance companies. I got the regular bill AND a bill from a nearby hospital. Somehow the outpatient clinic is now part of it. This led to a 300 percent increase in the overall fees for the visit. My old insurance I found out wouldn't allow the charge. My new insurance, which has a sizable deductible, allows it. The hospital is initiating debt collection procedures. Our health care system is a giant vampire squid. Who will protect me?

- **Rob H** NYC, United States Insured

Is there any other profession in which you can be billed (excessively) by someone you've never hired? Can you imagine if you hired an accountant to do your tax returns, and you got a bill from another accountant who was assisting him--at 20 times the rate of the accountant you hired! If lawyers tried these type of shenanigans they would probably be suspended or disbarred. Why doesn't the AMA regulate these practices?

- **Kim Fairey** Norwalk, Cambodia

I had a benign tumor removed from the vaginal canal at a doctor's in office outpatient clinic. With all insurance cleared and my deductible already paid, I expected no significant charges. I found out after the fact that he used an out of network anesthesiologist, who charged another $2000. Reading the above, this doesn't sound so bad, but was really frustrating and maddening at the time.

- **Zoltan T** Flyover, United States Insured

I suspect this is often due to insurance changes unknown to the doctors pursuing their usual practice. Similarly, the insurers continually change the rules as to who is an "inpatient" and who is an "outpatient" and yet insist "only your doctor can make this determination." Which is patently wrong, since the insurer made all these terms up, none of which has a real effect on the actual medical care. We need a true single payer system.

- **Joy M** Woodhaven, MI, United States Insured
I had a colonoscopy last year. I met with the surgeon and the anesthesiologist before surgery. A nurse anesthetist met me in the room. Later I got two charges, one from the anesthesiologist and one from the anesthetist. I complained to both and my insurance. I paid one, but do not know who I paid.

- **Anonymous** Warwick, New York, United States Insured

Yes, from attending physicians at Good Samaritans Hospital in Suffern N.Y. after a heart attack. This hospital is part of the Bon Secours Hospital System. Charges were for out of network physicians I never saw who were all from the same company. After complaints, they agreed to lower their bill to whatever the insurance was will to pay plus a 20% co-pay.

- **Beverly M** Concord, United States

My husband was having a cardiac cath at Lahey Clinic in Burlington, MA, but the cardiologist decided his kidney values were a bit high and had him admitted to the hospital overnight for IV fluids. The next morning, the kidney values were way down, and the cath took place. We were then billed for the overnight stay and care because, the hospital said, my husband "was not admitted." Really!? We refused to pay, and they backed down. And hospitals, physicians, and health plans wonder why consumers are irate?

- **Martin Perry** Long Island, United States

When my first daughter was born at North Shore University medical Center **** years ago, I remember arriving home exhausted after staying with my wife through 15 hrs of labor. In the mailbox, unstamped was a bill from an anesthesiologist in Queens for services rendered. My wife had chosen to give birth without drugs or pain killers so it was a bit of a surprise. It seems that even though he did nothing, and I recall was not present i the birthing room at the time of birth. How fast did he have to drive to get there before me

- **Barbara Spacagna** Brooklyn, United States

Went to cardiologist who said I needed angiogram which his partner would do. Because they were in same office I did not ask if partner
would accept my insurance. I was billed. Since I worked for a doctor, I called and asked why didn't he post in office what insurance he accepted. I offered to pay $300 but I didn't go back. Dr. Wicks is no longer partner.

- **Catherine B.** Chicago, United States Insured

Yes. Before having a routine colonoscopy, I asked my insurance company if they would cover it. They assured me they would. After the procedure, I received bills from multiple parties. When I called them, they told me insurance would not cover it and I'd have to pay. Within weeks, they sent bill collectors after me. I paid. A year later, I received a check from the insurance company, which, indeed paid.

- **Mary Morgan** Birmingham, AL, United States

Who is the villain, medical professionals or insurance companies? Let's take a look at an industry, in spite of all these horror stories we all experience, making recording profits for its shareholders? Being nickled and dimed for medical procedures is wrong, but insurance companies have created and maintain this monstrosity ... and they are profiting mightily.

- **Michael K** Weldon, CA, United States Insured

I had this done to me on a lesser scale; sending out my tissue sample to a very expensive Out of Network person; I refused to pay anything; I think we all need to do this. In Network, since they check up front, means that. You come in on a job like that you accept In Network fee or get nothing. They finally gave up; I was prepared for my credit to suffer but it did not.

- **Helen A** Palm Harbor, United States Insured

my sister was in the hospital for a procedure. that day, a doctor poked his head around the corner of the door, asked how she was, and left. she received a bill from this doctor for $500. she tried fighting this ridiculous charge, but I believe she wound up paying $100 or so to get them (doctor and collection agency) off her back.

- **Eve G** New York, United States Insured
There is not an American alive who has not experienced this scam. This is what happens when you have a market driven health care system in which price is totally unregulated. Memorial Sloan Kettering is one of the few institutions in which every single person "takes your insurance". If MSK accepts for example, Blue Cross then every provider accepts the insurance and all treatment is in-network. There are NO SURPRISES. Can you imagine battling cancer and battling larcenous doctors? MSK is the gold standard for quality and not inflicting additional undue financial hardship on already suffering patients.

- **L D Alameda, United States Insured**

  Premiums do no more than put a foot in the door and open our wallets. I cannot make estimates for costs using my coverage documents. Calling, I am only given "usual costs" ranging from hundreds to thousands of dollars. Nothing in writing. Then I get bills under various names from facilities, networks, "plan name," doctors, medical groups, and billing companies. Many are re-stated duplicates using different coding names and numbers. In healthcare over 45 years, I am ashamed to tell anyone now. No other country allows this kind of scheme and calls it healthcare.

- **Lena Williams** Ft Myers, Florida, United States

  Yes, from doctors walking into the room, shaking my hand and saying I am a surgeon. Poking my tummy, and leaving. Then sending a bill for $500.

- **Kris H** Sayville, United States Insured

  As I was rolled into the operating room I was introduced to a doctor who would be assisting in my gallbladder removal. This was the first time I was told there would be an assisting surgeon. I never saw her again. When I received her $13,000 I was shocked and stressed. She was out of network but did accept the approximately 3,000 that my insurance offered her. An added stress during recovery.

- **Jewelyn Cosgrove** Alexandria, VA, United States Insured
I badly sprained my ankle and went to Inova Alexandria Hospital. I have Anthem insurance. I knew I had a $150 copay and paid without incident. I received a 2nd bill from a physician assistant who had seen me during the visit for just under $400. I called my insurance since I had already paid my deductible. Anthem told me that the physician assistant works for a group the hospital contracted out to. The group itself PARTICIPATES in Anthem's PPO but the doctor who the physician assistant was representing did NOT participate, and thus was "out-of-network." What!?

- **Roger Wilson** Burlinton, United States Insured

  About 20 years ago my mother needed an "emergency" hip replacement. She had her surgery. While in the hospital her "family" doctor came into the room and said hello and then left. She was surprised that her "family" doctor billed her for MORE for that 2 minute hello that the surgeon did for all her treatment and surgery. I called the "family" doctor and complained very strenuously. They agreed to cancel her charges but I am sure they did not notify Medicare. This problem of doctors abusing patients over charges is a very old problem.

- **Steven Jeffrey Greenwald** Palm Beach, United States Insured

  Yes many times. I am a retired experienced trial lawyer. My letters I sent in response to such out of pocket buddy doctor bills were so scary, they even scared me! I threatened to sue for fraud, and other counts, and to seek punitive damages, attorneys fees, expensive expert witness fees, etc. I was prepared to do just that, and associate with other lawyers. Now the bills say I have a zero balance! If you find the right lawyer, you can beat these, as no jury would make you pay if the case was presented well.

- **Harry C** Spring Hill, United States Insured

  It is common in Florida for the ER physicians to be out-of-network. They usually bill way above what in-plan doctors charge and you have no choice. My insurance says they are only responsible for reasonable and customary charges, which these doctor groups exceed, but the Catch-22 is the insurance provider is prohibited from telling you the reasonable amount. It is considered proprietary
information. I have even asked which ER's are within this amount and they are not allowed to give that info out either.

- **Janet L** Cape Cod, United States Insured

Several months after an emergency room visit for a broken bone in my hand, I received a bill from a physician's group I'd never heard of and that was based out of a nearby city. When I called to inquire, I was told one of their employees was on site at my hospital and had performed some service. The bill was under $200 and I paid it, but thanks to this article I will ask more questions and negotiate any future such billing.

- **Heidi W** Pittsburgh, United States Insured

I needed a splint for my wriss. My bill was $230. I looked online to find the exact same splint (using the maker and model #) for $35. I called my insurance company and was told that the splint was coded a certain way and it was the usual/customary charge for a supportive splint. I was shocked, returned it in the box to the PT and bought one online. Theft - that is the best word to apply to this practice. The right wing conservatives who refuse nationalized health care should foot these bills. Maybe then, they'd change position.

- **Ken J** Olympia, United States Insured

My son needed ACL surgery. Attending surgeon's office was in network and called to tell us surgery was completely covered. After surgery a bill arrived from the anesthesiologist who was out of network. When we called the surgeon's office they explained that 'completely covered' only meant for what they did and they also informed us that they hadn't billed us for the assistant surgeon who was also out of network! When did we go from being patients to being customers, aka cash cows.

- **Steve C.** New York, United States

Since a recent unexpected hospital stay I have been deluged with unexpected bills from the hospital and doctors. When your lying in a hospital bed with a life threatening illness, there is little thought of asking if a doctor is in your insurance plan or requesting one that may
be. Options are never broached to the patient or family. I have been trying to negotiate with doctors now to reduce or eliminate some of the fees as I did with the hospital itself. Difficult to recover from an illness when you’re faced with unexpected financial hardship.

- **Rick D** Charleston, United States Insured

  Yes at a doctor's office.. An injection I took the first time covered me for 3 months. The next time they used a 6 month duration injection. It was a single injection each time. The 6 month injection was charged as two separate 3 month injections... not just the actual ingredients of the injection, but the nurse time, the disposal fee, the injection task, the room use fee was charged twice.

- **Deirdre Seim** Louisville, United States Insured

  In 2010 I had outpatient surgery for a bunion. Granted, it was a large bunion. I was at Audubon Hospital of Louisville's outpatient center for 2 hours and 25 minutes TOTAL (that included the 45 minutes pre op and the 1 hour post op before release). The hospital charges were $29,990. This did not include the surgeon ($6k) or the anesthesia (2.5k). Among the various itemized charges were a pregnancy test at $95, $8,500 for the tiny metal plate that was used in my foot and $750 for each of the 4 screws to attach the plate.

- **Pamela B** Dowagiac, United States

  My husband's employer changed medical insurance providers as of Jan. 1 this year. Our secondary insurance from last year quit paying our bills as soon as they learned this was going to happen though they did not stop collecting premiums. I had spinal surgery in October and we were billed for several thousand dollars that should have been paid by the secondary insurer, a "self-insurance" plan for municipalities. The Human Resources person asked me not to file a complaint with the state insurance commission as she doesn't have time to do the paperwork! This is crazy!

- **katy B** Mclean, United States Insured

  I took my 6 year old in to have stitches removed. Before I knew it, a Child Life Specialist was in the room, two nurses, and then a doctor
to remove the stitches. I'm scared to get the bill. A nurse could have easily removed the stitches in 2 minutes, but the whole ordeal took an hour.

- **Darren Hiebert** Huntsville, United States

  Yes. A second surgeon, whom I had never met or previously known about, billed for services on an outpatient microdiscectomy.

- **Robert Coane** Wolfville NS, Canada Insured

  Some years back, in New York, I went for a colonoscopy. The procedure was covered by insurance. The $1500 anesthesiologist was not. Solution (for this and innumerable other reasons): I moved to Canada!

- **Beth K** Bethesda, MD, United States Insured

  My husband, at two different hospitals, needed transport to a better-equipped area hospital. Each ER had contracted with exactly ONE ambulance company to provide transport. Each ambulance company was out-of-network. Neither hospital communicated that information to us at the time. (In one case we would have had the choice to go with the ambulance company of the receiving hospital. In the other case we would have discussed the issue with our insurance company in advance.) In both cases the costs to us were very high, several thousand dollars. In-network we would have simply had our ER co-pay.

- **AP G** Somerville, United States Insured

  Apparently the out-of-network anesthesiologist scam is common. I have heard from a number of people having a similar experience to ours. I also see some reports in these comments. We received an expensive bill for an out-of-network anesthesiologist after emergency surgery at an in-network hospital with in-network physicians. I specified at the time we entered the emergency room that all providers needed to be in-network. I was not allowed in the operating room during surgery so had no way to interrogate everybody present. It is immoral and unethical to take advantage of people in need. It is also disgusting.
- **Megan S** DC, United States
  
  Had a fairly routine C-section. My insurance coverage changed from one provider to a different provider during the middle of my stay. Although this probably happens fairly frequently, the hospital basically gave up trying to divide the costs between the two insurers, and instead decided it would be much easier to send a collection agency after me, even though I was fully covered during the entirety of my stay.

- **Don Duval** Chapel Hill, United States Insured
  
  My partner was diagnosed a little over four years ago with an extremely rare and extremely aggressive form of uterine cancer (only 1 out of 10 women with her cancer live five years.) I have ZERO quibble with the quality of the medical care she received (the fact that she is alive and NED today is testimony to that.) And she had excellent health insurance. That said--making sense of her medical bills required a medical degree. As an aside, Dr. Mu appears to be practicing highway robbery along with medicine. $117,000 for a few hours work? Indeed.

- **Kathy Day RN** Bangor, United States Insured
  
  Patients have a right to know how much a planned procedure will cost, if there are any risks, what they are and how to avoid them, and if there are any alternatives to the procedure and they should know who will be assisting or present during surgery BEFORE they sign any "informed" consent form. We should not have to ask for that information, it should be offered up front during the consult. These hidden secret evil outrageous fees should never be part of any bills. It is a trick on patients and it should be outlawed.

- **David Jones** Tucson, Arizona, United States Insured
  
  My daughter had surgery in California for a congenital hernia. Prior to surgery I called hospital billing to determine: a) the possible range of costs, and b) what the 'payment in cash' discount would be. I was told it was 'impossible' to determine. The bills finally totaled $89,000.00. To show good faith, I made two payments of several thousand dollars. I called again to ask for a cash discount rate. They refused to
talk. I made another payment or two against the bill. We finally settled for about 40% of the total bill.

- **Yours Truly** Cincinnati, United States Insured

  I can't say I had a "surprise" medical charge of the sort in this article. Unbeknownst to me, I did have out-of-network surgery once. My retirement account is a lot smaller because of it. $22K and, even though I had met my deductible, the insurance company covered only $200 of it because that was what was deemed "reasonable." But the process taught me this: The insurance company is your advocate; the hospital is not; The hospital did Not take the insurance company's negotiated settlement, which was more than the amount I eventually negotiated with the hospital.

- **Robert Finley** Chicago, United States Insured

  Smaller scale example - dental office in the 60611 zip Chicago, IL. Two dentists - surprise - one is in my network, one is not. The in network dentist does the work but they bill to the out of network dentist - more profitable. Not my dentist any more. No reaction from insurance when I notified.

- **Dan M** Ann Arbor, MI, United States Insured

  Yes. For a routine colonoscopy, I was charged by two anesthesiologists when only one was in the room during the procedure. It turns out that while I was lying on the gurney awaiting my procedure, one came in to ask some basic questions -- questions that I had already answered in writing and that a nurse had already verified. Completely unnecessary; I was not aware there would be additional charges; and it appeared completely routine. I was charged an extra $100+ out-of-pocket. In retrospect, it was clear he had developed a winning strategy to pay for his boat.

- **Roy Smalley** Richardson, United States Insured

  Yes, that happened to us in a brain surgery for our daughter. The real problem is the consumer has no say in the contracting between health providers and insurers, consequently what a consumer is charged for and possibly liable, they have no input. These out of
network charges in my estimation is nothing but extortion since the consumer is totally in the dark and disadvantaged. The solution is transparency so the consumer is involved in the negotiation on price, or the insurer who negotiates the charges and is responsible pays.

- **Laurie B.** New York, United States Insured

  Received a 3k Bill from a cardiologist after a hernia operation. As far as I can tell, he dropped by several times after surgery while I was still under anesthesia or sleeping...never saw him and never quite knew what he did. When questioning the bill, I was told he was "monitoring" me. Made an appointment to meet with him...was so embarrassed he dropped the fee.

- **John Thomas** Bennett, United States Insured

  Had a steroid injection on my back, Chief of Service walked into the room watched for about 10 minutes and I ended up with charges of $700.00 for his ten minutes.

- **Jen D** New Jersey, United States

  My husband needed to go to a local emergency room for an eye injury. The hospital was in-network for us. What we were NOT told during the intake process was that the ER doctors were contractors who were NOT in-network. When we got the bill, we fought it, sending them copies of paperwork we had signed that said nothing about ER doctors being contractors and not employees. It took months, but we did win that battle.

- **Frank Cario** Spring, United States Insured

  I am covered under my wife's plan. Her employer is a large hospital that requires employees and their spouses to have an annual checkup with an in-network physician. Historically his office calls with the results, but this year he wanted a follow-up visit to tell me everything is normal, for which I needed to make a co-pay. He also recommended a colonoscopy and referred me to an out of network doctor. If I had not discovered this on my own, I would have been billed for the $2,000 cost vs. free for in network.
• **Earlene Williams** New York, United States Insured

I recently noticed a weakness in my right thigh when going down stairs. I saw an orthopedic surgeon. He ordered a knee X-Ray in his office, and said my knee was "great" and ordered physical therapy, which is also in his office. Physical therapy was rough. A PT put his fist behind my knee and smashed my lower leg up and over it. The pain was excruciating so the doctor ordered an MRI (torn meniscus). Injected cortisone and ordered three more tests. Billing descriptions were false. The surgeon says he can "clean my knee out." Sigh.

• **S N** Aberdeen, United Kingdom Insured

My mother in law recently had an aneurism- everything from ambulance to surgery to recuperation was free. A nurse visited her at home for six months to help her rehabilitation. All paid for by UK taxpayer. My first son was born in Norway- it cost us nothing even though there were complications and my wife was in hospital for three weeks- paid for by the state. The second was born in the US- this normal birth cost us more than 25,000 dollars, only 60% covered by insurance with an itemised bill two pages long.

• **em hawthorne** toronto, Canada Insured

Typical Canadian lab fees $5 - $100+/test with staff comparably paid in a lab costing about the same. But how can a doctor bill $100,000+ to attend one surgery but only earn only $600,000 per year? Phoney tax writeoffs? Single payor brings accountability, fraud teams and regional treatment comparisons to weed out useless treatments. I'd hate to be a U.S. patient. Canadians pay $7,000/yr/patient ($2,500 too much) through taxes. Half of gov. income comes from other sources. Also, isn't it a universal principle of contract law that pricing has to reflect value? Surgery abroad is cheaper than Canada.

• **Howie Barte** Port Orange, United States Insured

2009: cataract surgery: i was not sedated, but an anesthesiologist who was present for the 12-minute procedure without my knowledge charged Blue Cross Blue Shield $1000. BCBS ultimately paid it even though I told them not to because no services were rendered, i did not know about this until the bill came, and I considered it fraud. Two
weeks earlier I had same procedure on my other eye, with different anesthesiologist available NO charge. In neither case was anesthesia administered or needed.

- **Stuart Mogul** New York, United States

  Although I am not defending abusive billing by surgeons, it is often a response to extremely low in-network reimbursements by insurance networks. As sited in this article the in-network surgeons payment for a spinal fusion is $5800. That might seem like a lot of money but when you factor in the amount of education and specialized training the surgeon received, (often at his or her expense), the complexity and aftercare, the stress and physical toll on the surgeon, the financial overhead in the form of malpractice insurance, that fee is laughable. Medicare reimbursements are even more so.

- **Barry P** Lady Lake, United States Insured

  Several years ago, the Villages hospital in Lady Lake, Florida used an out-of-network lab to do routine blood work, which my Blue Cross did not cover. When my wife had checked-in to the hospital I asked if our policy covered everything and the clerk said it did. So I then refused to pay the surprise bill, which was about $400. The dunning stopped after a year.

- **Dora B** Wilton, United States

  an outpatient clinic Greenwich hospital CT. It turned into a complication, with a series of doctors visits one after another that was overwhelming. At a certain point, I informed the nurses and the procedure was cancelled. Upon leaving, a nurse came to say the doctor asked me to wait. I imagined the request was humanitarian- to comfort me. LoL. I got a whopping bill of $6000 for that fly by. It was sickening that the doctor and hospital needed face time to commit fraud.

- **Edwin Spievack** Frisco, United States Insured

  Yes, my daughter had this experience. Before going in for a surgical procedure she obtained estimate from her doctors, hospital, and insurance company, which she accepted. After the surgery should got
a bill from an out of network doctor. We told the doctor she didn't authorize his services and would not have approved out of network help. We directed him to seek payment from the doctor or hospital that authorized his service. We also welcomed him to sue. With that they all went away. Nobody is legally obligated to pay for services or products they don't buy.

- **Susan G** New York, United States Insured

  My youngest child was born at 1PM. I received a bill for anesthesia for 8 hours which suggested that I had been receiving an epidural until 6 PM. The situation was resolved, but only because the explanation of benefits and insurance check came to me and not to the hospital.

- **Teri DS** Richland MI, United States Insured

  "When insurers intervene in a particular case, they say they have limited ability to fight back." Baloney. ANYONE involved in your care must DOCUMENT in writing what they did and why it was necessary. If they don't, they have no legal right to expect payment. I used to do bill reviews for multiple insurance carriers. If a charge was questionable I asked for documentation for it (or, in the case of an "extra" doctor, them). If it could not be shown that the treatment, drug, instrument OR CONSULTANT was not medically necessary, the charge was denied.

- **Mary S.** Corpus Christi, United States Insured

  Yes, it turned out that the doctors treating me in hospital were not really on the staff, they were contract workers not covered by my insurance. I am still trying to get the $7,000 bill lowered. Had I been informed I would have found a doctor who took my insurance and had hospital privileges. I have no idea how all the newly insured through ACA are coping with these kind of "surprises" if they haven't dealt with these companies before.

- **yousry rizk** mitland, United States Insured

  They charge me $7000 for cat exam and $22000 for test . in other time . emergency room $900 .doctor see me for thee minutes no test
was performed and he is not recommended the right medicine. It is rip off by greedy doctors and hospital administration. Whom they bankrupt the country and congress and law maker never act about that overcharge because the lobby

- K. Albertson Scarsdale, United States

The bill from the hospital is ALWAYS a surprise. In what sane world would a person on an operating table have to negotiate an unexpected fee? We are hostages. And to be told they "don't know" the fee? Yes, I have gotten unexpected charges, ranging from a hefty fee for a five minute ambulance ride to hundreds of dollars for blankets and tylenol. This is infuriating, backwards, shameful, and criminal. We do not have medical care in this country. We have some kind of sick joke.

- jason Makowski New York, United States Insured

Had minor foot surgery last year. After coming home (and still under the influence of anaesthesia and pain killers), the PT brought over a chilling machine to reduce swelling in my foot. The PT company said they would bill my insurance company, even though they were out of network and they would pay because the doctor required it. Needless to say the doctor and the PT lied to me and now im on the hook for $11,000 for a machine that I could buy for about $900. So unethical its astonishing. Have refused to pay.

- Debra E. Grosse Pointe, United States Insured

I went in for an outpatient surgery, but had a bad reaction to the anesthesia. I'd been told if I chose to spend the night in the hospital it would be $600. The bill I received was $10,000. The additional $9,400, it seems, was for an IV bag to keep me hydrated and a medication to reduce nausea.

- jonathan k Washington, DC, United States

a long time ago my wife had to be admitted to the hospital for a miscarriage. I checked with the hospital to make sure we were covered by insurance. Months later I get an out of network bill from an out of network doctors group with the same name as the hospital.
We did not ask for these doctors; they were just provided to us. One would have assumed they would be in network. They badgered me with a ridiculous bill for quite some time. I settled for what my insurance would have paid after a protracted argument.

- **J G Munster**, IN, United States Insured

  My husband had a procedure done by an in-network doctor only to discover the surgery center where this doctor performed the surgery was considered out-of-network. One would assume if your doc is in network would shouldn't have to call and ask if the facility is in network also!

- **Don >** Bethlehem, Pa, United States Insured

  It would be interesting to determine how often instances of Dr. X inviting Dr. Y to collect a fat fee are followed by Dr. Y returning the favor. I believe it's likely that the practice of, "drive-by doctoring," could be better termed, "you scratch my back and I'll scratch yours."

- **Gene Kupferschmid** Brookline, MA, United States Insured

  Unfortunately, while in Dublin, Ireland recently, I developed acute bronchitis and couldn't breathe. The ambulance (manned by the Fire Dept.) did not cost a penny, and after 8 hours in the hospital ER, receiving numerous tests and treatments, I was billed $100. Nothing like universal health care - even for a tourist!

- **Amy Haible** Harpswell, Maine, United States Insured

  My daughter had a bladder infection this summer. Total cost to us? $600. Each 105 minute doctor's visit was nearly $200 and one urine test cost $100. I supported the Affordable Care Act, and our annual insurance bill will not be over $2,000 than previously. This nation's medical care philosophy seems to be "Hit 'em when they're down."

- **Steve Destreicher** Atlanta, United States Insured

  In the emergency room at Welstar hospital an intern refused to suture my wound or even bandage it. I asked to see another doctor: after an hour of waiting the intern returned, said they'd consulted with another
doctor and said I could leave. I stormed out holding a paper towel on my still bleeding wound. I received a $1200 bill from the hospital and a $340 bill from a doctor I never saw. Both my insurance company and hospital ignored my complaint. Why should I have to pay for I did not receive?

- **Pat P** Idaho Falls, United States

  I had a kidney stone removed. I am on Medicare yet my emergency insurance was drained. I checked with the hospital but received no answer. It is not only NY doctors who are dishonest but all over the country. Old people are the prey.

- **Krista K** Atlanta, United States

  When a hospital employee came to put in my IV before a craniotomy I asked her if she was really good at this, because if she wasn't we could save a lot of time and frustration by getting someone who is. She shrugged and said she was ok at it. 8 IV kits later, all billed to me, she got someone else. By then I looked like a pin cushion.

- **Gerry Walter** New York, United States Insured

  I have had hospital visits where, in the hospital bed, a strange doctor would come in and say hello. I would later see the charges from a doctor for consultation! The last time, when a unknown doctor walked in, I said "I do not know you, please leave". I did not see any unwarranted charges on my statement. If you don't know them just ask them to leave.

- **Michael A** Lakeland, United States Insured

  This is nothing new. In 1998, I had a routine laparoscopic appendectomy. Turned out the anesthesiologist was out of network and pretty pricey. I complained to both him and the hospital, and got a nice letter from him, at least, explaining why he was so expensive, but the hospital's was essentially a "tough noogies" form letter.

- **Seth Lawrence** Gardiner, United States
I got charged $800 + for an examination of my nose cavity with a camera, the doctor billed as surgery. I guess I need to relearn the term surgery.

- **Dorothy T.** Amity PA, United States Insured

  I broke my arm. My bill listed separate x-rays of my arm, my leg and my foot. I complained and the bogus charges were removed. But when I called, the person I spoke to said, "Most people don't read their bills."

- **Holly Furgason** Houston, United States Insured

  When I went to the doctor's office get 5 staples removed- a 3 minute procedure using a large staple remover- I was charged for out patient surgery. I contested and the $2,600 bill with a $200 copay was reduced to an office visit with a $20 copay. Not as drastic as some but even small things can be an issue.

- **KEvin Feeney** Purcellville, United States Insured

  I had a neurologist come to my room and asked me how I was feeling. That was all and I ended up with a bill from her.

- **Kelly R** Melbourne, Australia Insured

  I had an emergency appendectomy in a Private hospital in Melbourne. I pay for private hospital insurance (about $3,000 per year for my family including cover for things like physiotherapy and optical). My surgery, including two attending surgeons and anaesthesiologist left me out of pocket an additional $200. I cannot fathom the U.S. Health system at all.

- **M L** Helsinki, Finland Uninsured

  No, I haven't. I live in the Scandinavia. My surgery ended up costing me merely $50, including the post-surgery prescription drugs. It is kind of ironic that we pay less taxes for our health care than you do, and yet, still you get huge bill after the operation.

- **Catherine Dancy** Winston-Salem, NC, United States Insured
I am confused by deductible and out of pocket expenses. I thought my maximum out of pocket expense was $3,000 per year. But I had to pay $5,000 for gynecological operation that I didn't think was an "out of network". I was able to deal with the added costs but sometimes it can be confusing to read the fine print on the website.

- **Rosemary G.** Washington DC, United States Insured

  I was hospitalized for 48 days because of a post-surgical infection after a Total Hip Replacement (THR). Every single day, an internist would come in, listen to my heart and lungs, ask if I'd had a bowel movement, and leave. These internists were outside contractors. I ended up nearly $20k out of pocket when all associated costs, including these unnecessary visits by the internists, were added up.

- **Jude Ryan** Safety Harbor, United States

  Forty years ago when my sister was hospitalized as a child a doctor stopped by her room, never entered, and asked how she was feeling as he stood in the doorway. My mother sat in the chair next to the bed. My sister said "fine," and he moved along. My mother got a consulting bill for that question. The oath may be Hippocratic, nut the practice is hypocritical.

- **Virginia K** Glenside PA, United States

  My son suffered a severe adverse response to a drug that caused complete loss of muscle control and almost complete amnesia (he couldn't remember his brothers' names, or how to spell "who"). I called 911, and the ambulance came. We were astonished when his insurer advised that the ambulance company charged $1400 more than the carrier reimbursed, given that 911 is a county service. The carrier said the ambulance company is "out of service". We haven't received a bill yet, but are waiting with held breath.

- **Phil R** Boca Raton Florida, United States Insured

  I had an outpatient procedure for herniated discs. I called the surgery center 3 times to verify my coverage. I was assured that coverage was approved by my insurer and my cost was $250. Weeks later I received a bill for $2500 from an out of network anesthesiologist. I
called the surgery center to remind them of what I had been told. I told them I wouldn't have gone through with it had I known. I refused to pay. They threatened me with collection agencies. I refused to pay. Eventually the crooks stopped bothering me.

- **Tom C** New York, United States

In 2001 my mother, a retired pediatrician, was a few months from her death and being treated in a Cape Cod hospital. One day I was sitting with her in the hallway near the nurses' station. As we sat there a number of doctors came by who had no relationship with her, briefly looked at her chart, signed it or made a notation without ever talking with her and went on to the next chart. While her insurance covered everything there were numerous charges on her bills from doctors who she had no relationship with.

- **Jodie King** Arlington, VA, United States Insured

25 years ago I had a planned C-section. We received a bill from a pediatrician who assisted. She charged close to the same amount as my total Ob's bill. Our insurance company told us the amount that was "usual and customary." We paid that with a letter telling the pediatrician that was all we would pay, and that we would see her in small claims court if she had a problem with that. She didn't challenge us. We heard that others in the community were just paying it.

- **James R** Chapel Hill, NC, United States Insured

It's just a small amount, but I recently scheduled a physical which was to be covered 100% under ACA rules. But the physician coded things creatively so he got paid for the physical from the insurance company and then billed me for office visit, blood test, and outpatient services. Total charges were $300 for what was supposed to be a zero-cost (to me) wellness treatment.

- **Robert S.** Westerly, Rhode Island, United States Insured

Last December, I had a severe nose bleed. As I am on warfarin I went to the emergency room at Westerly Hospital, a network provider. I paid my $35.00 deductible for the brief treatment. Subsequently I received a $500 bill from the emergency room
physician, an out of network contractor. The hospital charged $500, of which my insurance company paid $465. My insurance company charged a $300 out of network deductible for the physician and only paid 80% of the balance. I paid $340 to the physician's company. This is fraud that should be addressed through legislation.

- **Robert Verlanger** Fairlawn, United States Insured

  Billed $7300 for a rabies vaccine after possible bat exposure at Hacksensack University Medical Center in New Jersey...Still fighting it...They are professional UPCODERS!!!!

- **Robert Barker** Ft. Smith, AR, United States Insured

  I once had a patient who survived a severe life threatening illness. When he came to my office for follow up he said he had a question about his hospital bill. He didn't understand the charge for a morgue tray. The only solution to money grubbing physicians and hospital administrators is a national English style health system, in which, among other things, doctors are paid a flat salary.

- **Cliff O** Manchester, United States Insured

  Yes, I got this after having an outpatient ultrasound treatment to break up a kidney stone before it got to my gallbladder. The whole thing, including recovery room time, took around three hours: You owe us Pharmacy -- 103.90 Med/Sur Supplies -- 311.00 DX-XRAY -- 223.00 OR Services -- 23,575.00 Anesthesia -- 482.00 Drugs requiring detail coding -- 201.40 Recovery room -- 1,113.00 -------------------------- Please pay this amount -- 26,009.30 Eventually my insurance company paid 18,759.05 and I paid 2,568.57.

- **Laura Hendrix** Greensboro, NC, United States Insured

  I work at a public hospital and went to its ER with severe poison ivy. The nurse popped a blister and on a bandaid. My bill was $1400. Because it's a public hospital and I have insurance, I got one bill for the "service" and one for the "physicians and associates" fees. An insufficient dose of steroids was prescribed and the rash "rebounded", I had to see a dermatologist, got 2 sets of charges. My
bill was over $3000. I'm Canadian and will never get used to this terrible system. You want for-profit medicine, this is what you get.

- **Marc C** Woodside, New York, United States Insured

Less than a year ago I went into the hospital for a surgical hernia from a previous operation. Of course my income is too high to get Obamacare subsidies, but too low to not be slammed by over 30K in medical expenses. After paying for all my doctors, I was slammed by additional hospital fees of over ten thousand dollars for pre-op procedures my "insurer" said were done too far ahead of the surgery (weeks instead of hours). Consequently I had to pay lots more and am quite broke now.

- **Gail Phillips** Warwick, United States

My husband was in the ER from a heart attack in August more than 10 years ago, Bills arrived from everywhere in the tri-state area. I couldn't understand why a second cardiologist group would be billing since we were already using and paying the group the ER called in. The bookkeeper was never in when I called to ask. Finally, as I kept looking at the purposely confusing billing statement I realized the date of service, a series of running numbers, was for July - more than a month before his heart attack occurred. How did that happen?

- **jagpreet dhilon** mount sinai, United States Insured

my Nanny had a gall bladder operation at st charles hospital in port jefferson, her bill was 99000 dollars after insurance medicare/medicaid paid them. I think attorney journal should investigate this matter immediately, being a MD myself this abuse of sick patients by hospitals and certain surgeons is horrible practice, it should have never been allowed in civilized society.

- **A. A.** chaos2art@gmail.com, United States Uninsured

My father had the same procedure done in a hospital in Bucharest and his expenses were less than 2000 dollars. I don't see why Americans leave themselves subject to such rip off, and where this money is supposed to come from when the median income in the US
in 50,000 a year. I fail to understand how these practices and costs can even be legal and why people don't march on the streets.

- **Melanie Kiprakis** Virginia Beach, United States Insured

  Went to the ER for chest pains. A doctor comes in for maybe 5 minutes and orders tests. Next thing I know I get a bill for $691.00 from the doctor who was out of network. Do you think I was in a position to ask "do you take United Heath Care?" while I was laying there.

- **David Pearson** Paris, France Insured

  I live in France and had a prostatectomy by keyhole surgery using a robot. I paid absolutely nothing for the procedure, pre-and post-operative tests, hospital stay and follow-up consultations. Americans need a cultural shift to get away from the "I will be self-sufficient for myself and my family" frontier culture. Insurance companies need to wake up and denounce such abuses. Of course, there is huge opposition to the principle of a single payer system from the medical, insurance and other professions that abuse the current system and whose powerful lobbies keep lawmakers docile.

- **roberto marquez** Caracas, Venezuela

  My father was a Doctor. He used to say, regarding these practices "Son there are no Doctors behaving as thieves ,the problems is there are thieves practicing medicine"

- **Marie C** Orlando, United States Insured

  From one of our local hospital system, I now receive two bills for a 30 minute, outpatient visit - one for the specialist, that I'd expect, and one from the health system where the doctor practices for a "room charge"; and that room charge is more than the doctor's fee!! Talk about "innovative" coding...

- **Mark Kennedy** Trondheim, Norway Insured

  In 2004 I was hit with a terrible, rare and life threatening acute illness, post-infectious transverse myelitis. I entered the hospital in Norway
and was correctly diagnosed within 2 hours for this roughly 1-in-a-million rare illness. 8 days of the isolation ward of ICU (due to chicken pox), 2 MRI's and 6 days in the neurological ward and 6 months of physical therapy resulted in a bill of $0. Why do Americans not accept that a single payer system is both better for the average person and cheaper?

- **Sue S** Hatboro, United States Insured

  I had unexplained leg pain that I feared was a blood clot so I went to the emergency room. After an ultrasound confirmed blood clot, I was admitted overnight with a heparin iv. The next morning, two doctors visited me, with the exact information and diagnosis. One said he was from the ER, one said he was a hospital internist. They both generated identical prescriptions, except one prescribed cumadin, and one prescribed warfarin. I discarded one round of prescriptions and thought nothing of it until I got a bill for a doctor consultant that was out of network.

- **Vladimir C** Miami, United States Insured

  I had to take my pregnant wife to the emergency of NYU langone medical center. I confirmed the acceptance of the insurance before going and with the hospital at our arrival. The emergency doctor ordered the sonography to be done by the maternal fetal care department in the hospital. I was bill several month later with 2000$ for the US. That department bill independently from the hospital and does not have an agreement with my insurance. I feel like being victim of a scam. After a long fight I had to settle with a collection agency for half.

- **Mary C** Cape May Court House, United States Insured

  Was admitted to the hospital for afib and given nothing to drink for 24 hours. When I was discharged and went across the street to pick up Rx, I felt faint. The hospital ambulance (Atlantic Care Medical, Cape May Regional Hospital) charged me $3,500 to bring me less than 1/8 mile back to the hospital -- no I/V and no fluids. Scam artists, all of them. They have no conscience and they should all be sued and stupid Horizon Blue never questions their "contracted" providers. Such a screwed up system.
• **S T** New York City, United States Insured

Yes, for an anesthesiologist which should have been covered. Then I was billed again after paying in full because there was an "end of the year" adjustment which I was told was common for all surgeries. The hospital apparently has no idea what their costs should be until they do their annual accounting. A concept that I find fairly ridiculous.

• **Martin Lobel** Milwaukee, United States Insured

Recently had an echocardiogram performed as an outpatient at my in-network hospital. Received a bill from an out-of-network physicians group for the interpretation of the procedure. Had assumed that all lab and x-ray services provided at an in-network facility would be covered under my in-network deductible. Am covered by my spouses insurance. She is employed by the in-network hospital insurance.

• **cynthia chaldekas** brooklyn, United States Insured

I had bi lateral knee replacement surgery. Everything was covered except a large bill for the doctors at rehab center, one chosen by my doctor. I contacted the facilitator who organized all my health coverage, to point out what I thought was a mistake. She said it was not and that this is a big problem because patients are usually not in a position talk business when it comes to surgery, etc. Fortunately the doctor was willing to forgo his standard fee in my case.

• **Richard D.** Bay City, Oregon, United States Insured

I had to have an MRI on my brain to attempt to find out why I was getting headaches for the past two years. At the hospital, I was told that the procedure would be $3,000 and my share would be $600 or the 20% of what the insurance company would pay, whichever was less. My bill was $6,100 for a $7300 procedure procedure. I called my insurance company and they got it straight. The policy is a Medicare policy. The lame excuse, "We'll make an adjustment.

• **Dan B** Margate, Fl, United States Insured

My wife required physical and occupational therapy as a result of a stroke. we had insurance but had not met the deductible yet. The
normal charges for outpatient therapy in South Florida is $100-150 per hour. The hospital charged us and made us pay $250-$280 per hour until our deductible was met and it was all legal. The insurance company is only involved in overcharges after the deductible is met.

- **Victoria Coyle** Albany, United States

  When our son was referred to the ER after a scan showed an inflamed appendix. The on-call surgeon sent the ER doctor in to tell us they were trying to find a surgeon. We had a two minute conversation, with no exam. A surgeon successfully completed the appendectomy later that evening. Our share of the surgeon's bill, anesthesiology and general surgical expenses were low because the insurance coverage was good. We did however, receive a bill for a consultation for the ER doctor who stopped in to tell us they were looking for a surgeon, $850.00

- **Caroline W** Los Angeles, United States

  During my exam, a doctor read his mail while an intern interviewed me. Later came a large bill from him. It was covered by insurance, but why should any entity pay money to the slackard?

- **Jennifer S** Los Angeles, United States Insured

  I had a surgical biopsy on my left quadriceps (which the doctor later admitted had been totally unnecessary). In pre-op the nurse had trouble starting an IV. It took her five tries and each time she used a new kit. The hospital billed me over $2000 for those supplies, even though their use was the result of the nurse's error. The total bill for a one inch incision was over $20,000, billed to my insurance. And then the surgeon sent me a $3,000 bill personally for his pre-op 'consult', which lasted all of thirty seconds.

- **T B** NYC, United States Insured

  When I needed surgery for a herniated disc, I was careful to use both a surgeon and hospital that were in-network. I called the insurance company (Oxford, now part of United) to confirm it ahead of time. After the surgery, the bills started coming in and Oxford charged me as if everything was out-of-network. They finally explained that
because the anesthesiologist was not in the network, everything was considered out of network, even the in0network providers. After appealing this, they agreed to cover it in-network only because I had called ahead of time and they had "made a mistake."

• **jami gonzalez** lynnwood, WA, United States

  yes, I had my first c-section 3 yrs ago and received a bill for another physician who was present to assist my Ob during the procedure. for an emergency procedure such as a c-section we don't have a choice at all but to go along with what is happening but it is not right to be surprised by a bill for something we don't have control over.

• **F G** New York, United States Insured

  My story shows that hospitals will scam you within network too. I had diagnostic imaging done at Lenox Hill and they recommended a biopsy and the insertion of a tiny piece of titanium to help locate the problem area. The biopsy required imaging services too. Whoever translates doctors' notes into billing codes then had a field day: the biopsy imaging, though quick and targeted, was a whopping 5x as much as the diagnostic imaging. The titanium? A mere $6000. It's mind-boggling how we all accept this lack of transparency and level of scamming.

• **Christina W** Silver Spring, md, United States Insured

  Yes! After I had to have a c-section to deliver my son, who was breech, I received bills from doctors who I never even recalled meeting? Did they stop in my room when I was unconscious? Did they do anything? I never knew and had to pay a hefty sum out of pocket. This was four years ago and I'm still angry.

• **Martin L. Buchanan** Folsom, CA, United States Insured

  Three months after an urgent care visit, received a $1,232 bill from the local hospital for routine blood tests, done with machines, that should cost $100 or less. Spent months and about 50 hours of my own time fighting it until the bill was cancelled, with the help of the urgent care clinic staff. Medical billing has become so crooked and
immoral that we need posted prices legislation where it makes sense, just as there are posted prices for gas or groceries.

- **bill r** Charlottesville VA, United States

$14,000 for "misc charges" that the hospital refused to itemize, while also billed $2.00 for KY lubricant. Clearly criminal behavior.

- **Jessica Yaron** Philadelphia, PA, United States Insured

I am a RN that has worked in utilization management. I needed a similar procedure at the same level. Two days before my surgery I was called by my neurosurgeon's office and expected to pay my copay upfront or be cancelled. Time off and family support had been arranged. I charged it. Post-op I received a bill from the surgeon's private scrub nurse. A certified scrub tech that was out of network. My HR person got it resolved in my favor as I had verified that everyone I was aware of preop was in network.

- **stephen m** Santa Fe, United States Insured

I was hospitalized shortly after onset of a STEMI (ST elevation myocardial infarction). A stent was placed and I was kept in the hospital for 48 hours. The hospital charged over $45,000 for the 2 day stay. They charged for 2 days as though I was in an ICU even though I was in a claustrophobic 2 bed decrepit room with no heat and no shade on the window. thankfully, I am on Medicare and the hospital had to accept the Medicare payment ($15,000).

- **Bill** DC, United States

The same thing happened to my wife and I. She gave birth recently and, while at the hospital, the nurses asked us if we wanted our child to be seen by the "staff pediatrician" since our pediatrician did not have privileges at the hospital. We later received out-of-network bills for $1000 for two fifteen-minute visits, and the practice that billed us even told us to sign over the check from our insurance company knowing that we would have to appeal since they are out-of-network. Classic bait-and-switch. We plan to fight tooth and nail including going to court if needed.
• **Margaret FS** The Colony, TX, United States

I suddenly received a $900+ bill for "my" portion of a nuclear stress test. Before I agreed to have the test done, I was (reluctantly) told it would cost me $423. Immediately after it was done, but before the insurance company paid cost $639. Final cost $979.43. They will get their $$ in small undisclosed increments over the next two years. They keep me in the dark, I'll return the favor.

• **Ken C** Rancho Mirage, United States Insured

Yes. After emergency room visits, we find charges by doctors we never heard of.

• **Janet J.** New York, United States Insured

Recently called a very hospital to request my medical records from a visit. I was told that I would have to pay a per-page fee. When I asked what it would cost, the staff said they didn't know right now. When I asked to be informed of the cost before it was sent, they said they couldn't do that. Oh, and even though it's stored electronically, they can only send it on paper, via mail. Um, do they know it's 2014?

• **Ally B** Morrow, United States Insured

Thankfully I have not had this happen. I even had to go to the emergency room last November for severe stomach pain (which ended up being a tubal pregnancy) and there were no surprises. My medical coverage recently changed (for rather superfluous reasons) and it is a concern of mine. I'll have to be very careful with mine and my family's care.

• **Jesus Gonzalez Perez** New Amsterdam, United States Insured

This has happened to me many times, doctors that I have never seen, for not life of death situations and being conscious and well. I called the Insurance to report the situation and...everyone knows that this is happening. The insurance Company discouraged me from complaining. Not only that, if the doctor in a routine five minutes visit, bills 600 dollars to your Insurance and gives the Insurance 450 dollars "discount", if happens to be that for any reason the Insurance...
sends you a check, the doctor and the hospital try to bill you the 600 dollars.

- **Judith Hume** Dallas, United States Insured

  I had cataract surgery last November. I'd previously had a membranectomy/vitrectomy in that eye, which left scar tissue on my retina, making the procedure more complicated. Shortly before surgery, an anesthesiologist appeared and told me the surgeon had decided I should have deep sedation, which he would administer. No one told me he was out of network. His bill was large, and completely unanticipated. I contacted my insurance company, and said I'd chosen an in-network surgeon and facility and wasn't given the option of choosing the anesthesiologist. The insurance company agreed, but paid him the full amount without question.

- **Mary T** Raleigh, North Carolina, United States

  While snow skiing in 2003 at Jay Peak Resort, I slipped on ice and broke my hip. During my ambulance ride to North Country Hospital, the health care professional announced that I needed oxygen. I told her firmly I did not need oxygen and I did not want a mask on my face. When I received the bill for the ambulance ride I was charged $750.00 for oxygen I declined and did not receive. My insurance company paid it and when I received the Explanation of Benefits, I contacted them then and let them know what happened.

- **Heather Wolfe** Hartford, United States Insured

  I needed a routine ob-gyn checkup, so I chose a doctor that was in my network. I didn't know that the off-site lab she used for routine tests was out of network! I was totally blindsided; it didn't occur to me to find out whether the lab was in or out. I didn't even realize that was a concern.

- **zach franks** Maui, United States

  I have knee cartilage problems for which I received 5 injections. Weekly, my doctor received more than $600 for the drug alone, $300 for the twenty second injection which he labeled as "surgery" - a clear deception - and another $300 for ultra-sound imaging which shows
up on his little monitor in real time. The entire process took around three minutes per visit and costs Medicare more than $1200. It helped me, but it's highway robbery. There is no justification for a doctor charging a hundred dollars a minute for an injection. This would not happen under single payor.

• **Pamela G** Ithaca, United States Insured

When my baby daughter was in the hospital for two days with pneumonia, we were billed for formula, a special cot and numerous other items we never saw (I was nursing her). Fortunately, we had taken pictures in the hospital room, and when I showed those to the hospital billing office, they removed the spurious charges.

• **J J** Vacaville, CA, United States Insured

I have a long term health condition that occasionally requires me to need re-hydrated by I.V. or I will die. For years the charge to go in and get 3 bags of saline in my arm was slightly under 400 bucks. Then suddenly one year later the exact same things done by the exact same people came with a bill totaling over 3000 dollars.

• **V R** Ann Arbor, United States Insured

Luckily, young and healthy MD here, so no real medical procedures or interventions thus far. But I cannot but to express the utmost disgust with my "colleagues" who pursue shady practices like this. What I am more surprised with is the fact that insurance companies do not follow the Medicare suit and provide same or very similar reimbursement practices. Really time to move to a single payer system!

• **Elise R.** Portland, ME, United States

My 9-year-old son had an endoscopy this June (he has a cyst on his bile duct). He had the procedure in the morning; it requires full anesthesia. We spent the afternoon in the children's wing of the hospital, where he watched TV and waited to be allowed to go home. He had no painkillers. This week I got a bill showing that we owed about $1,200 of the full $8,000 bill. That was surprising, but more so
was the itemized $1,395 charge for the hospital pharmacy. I'm still waiting to be told what that charge corresponds to.

- **Amy S** Los Angeles, United States Insured

Cedars Sinai Los Angeles asked me to sign a form before a procedure saying in very fine print that some service providers might be out of network. I told them I needed to know beforehand. They told me to ask in the OR on the day of procedure! Yeah, right, like I'm gonna be able to negotiate once I'm on the gurney. They claimed to "have no way of knowing" who would be in the room. Horrible experience and they tried to force me to sign the form.....which I likened to signing a blank check.

- **S D** New Haven, United States Insured

This is so simple. A law: If you are a billing provider and did not directly receive informed consent from a patient you can not bill more than 20% above the average negotiated rate for the same procedure in your zip code.

- **S F** New Haven, United States Insured

This kind of billing behavior is, on its face, fraudulent and unethical. Professional societies should suspend the license of these so-called doctors. If ever there was unethical behavior, this is it.

- **T G** Philadelphia, United States Insured

I have had this happen twice: I went to the emergency room with extreme pain that eventually resulted in my gall bladder being removed. The hospital was "in network" one of the surgeons who billed me 24k was not .. took me a year to get it worked out. The second time I went for scheduled knee surgery using an "in network" surgacial group ... only to find out later that they bill (33k) through another facility that was not in my network ... took a year for that one also. And my insurance is the largest provider in the state ..???

- **Sidney Schwab** Everett, WA, United States Insured
As a recently retired surgeon, I find these surgical fees simply mind-blowing and beyond shameful. I used to be embarrassed that my fee for a six hour pancreatectomy was as high as $3000, even knowing the reimbursement would be less than half. But this? This is larceny. I still do some surgical assisting, by the way; and I get paid $135/hr by my former clinic. If I received only the insurance reimbursement, it'd be less than that. What's going on in NYC?? I have no explanation, but remain dumbstruck.

- **Dee M** NYC, United States Insured

  I had a cardiac ablation. It was the last of the day, so the nurses said they would just monitor me while I stayed in OR and they straightened up the room. The bill came with $4000 recovery room services. RR is standard after the procedure, but in my case I never went there tho I was billed.

- **Kathryn M** Boston, United States Insured

  I called MGH to get a quote for a shingles vaccine for which I would pay: $295. My appointment included an elaborate medical history - they have all my records online - with a nurse, then a 'howdy' introduction with the clinic's director, yet the charges were close to $1,000! I told them to mail the bill, and proceeded to write a letter intended to shame them, even as I expressed my willingness to pay the $295. My letter was so effective that the director was scolded, and I never received any bill - this was three years ago.

- **Douglas M.** Santa Cruz, United States Insured

  I had a stroke in 2009 and the hospital, which was in my plan, had a visiting emergency room doctor (who was not in my plan). I was billed out of plan. I contested it and my insurance company agreed I should not have been billed extra.

- **Phil Remmers** Durham, NC, United States Insured

  I had a very encouraging experience that I think others should know about. Several months ago my orthopedic surgeon at Duke Univ said I needed an $18,000 knee surgery. However, I found that I could have the exact same surgery at the Surgery Center of Oklahoma City.
for $3,500. There were NO hidden fees or unexpected charges (fees are posted on their website). I was extremely pleased with the outcome.

- **John** Los Angeles, United States

  I have had 4 orthopedic surgeries including the same one Mr. Drier had. Additionally, I had helped my father managing many of his medical conditions. I my experience it is just a given that there are surprise charges. I am surprised when there isn't. I am surprised there isn't more of an outcry.

- **Tanya S** Seattle, United States Insured

  My story is similar. My story is exactly similar to the Carol Ann Reyes and the criminal/civil cases by the City of Los Angles vs Kaiser Permanente in 2006. What happened to her happened to me and I was billed 28K for it.

- **Jay B** Houston, United States

  I would have stonewalled Wu with unending requests for itemization of the bill and independent, sworn deposition confirming his activities. Concurrently I would have tried to find a young assistant DA to open a criminal, fraud investigation. I would have filed a formal complaint with the medical examiners board. I would have requested a blanket indemnity prior to forwarding the check, his attorney would never let him sign. DO NOT REFUSE TO PAY. But, holding the check has advantages. Say, "sure I'll send the check as soon as....." and add a condition each time he calls or writes.

- **Gloria M** Sparks, United States

  Assistant surgeons typically charge 20% of the primary surgeon's billing. I realize the assist can charge whatever he pleases but that is not typical. I also had an assistant surgeon that I never EVER met.......... a simple "Hi" might have been appropriate but for the most part, doctors are greedy pigs who really do not have your best interest at heart, unless you are a millionaire.

- **Jeffre Rosenstock** Philadelphia, United States Insured
with spinal surgery especially with cervical spine, the neurosurgeon
may request a neurophysiologist to check on nerve function during
the surgery. They are often not in network, and the charges are only
found out post surgery.

- **David N** Chapel Hill, United States Insured

  My daughter had 2 such experiences recently: First, a mole was
  removed from her foot for biopsy. She was billed for both a biopsy
  and an excision (synonymous words for the removal of the single 1/4
  inch mole); and 2 redundant charges for closing the wound. Total
  $2,900 before insurance discount, $1,400 after. Second, an urgent
care center charged $900 before insurance discount, $450 after, for a
3 minute visit and urinalysis for a simple UTI. They used the billing
code for a "comprehensive" exam -- a complete physical that would
normally be expected to take 45 minutes.

- **Anonymous** Bryan, TX, United States

  Billed for anesthesiologist and nurse anesthesiologist. We never met
  the anesthesiologist and no one could ever tell us if she was in the
  room during the surgery. When we asked about the person on the
  bill, we were told only that she was somewhere in the building that
day. We paid the bill. My favorite was when an allergist charged us
for time spent watching our son during allergy testing, while waiting
for reactions. The nurse told my husband and me to stay in the room
and watch our son. Then she left. We paid for her time.

- **Peter** Durham, NC, United States

  I went to Duke for a primary care visit back in July 2014. I have a
health insurance plan that is supposed to cover for primary care
visits, minus the expected co-pay. After my visit, I received an
unexpected bill for $229. I later found out that Duke charges a
"hospital fee" for the use of the doctor's office, which insurance would
not pay. After reading this story, it no longer surprises me the
outrageous fees that can be charged. Even outpatient clinics are
cashing me on these exorbitant costs.

- **LJ D** Tucson, United States Insured
The insurance company rejected the $990 for compression socks used on me during my breast cancer surgery because the clinic - which was an in-network clinic - used an out-of-network provider for them. I found out about this while checking my out-of-pocket expenses online. So far, the clinic has not charged me for them so only time will tell if they do so or not.

- **Edidth W** Williamsatown MA, United States Insured

I was sent to the ER by my primary care doctor after experiencing some alarming neurological symptoms that could've indicated a stroke (I'm a woman in her 50s) I had excellent care and all we were relieved that there was no indication of any neurologic event, and I was sent home. Some weeks later I got a bill from my insurance company as the neurologist was not on my health care plan, thus they wanted me to pay his fee! Quick outraged letter amazed that the patient need keep network in mind when scared out of her head!

- **Jack Hall** Chicago, United States

I went in for plantar fasciectomy and had an anesthesiologist and a podiatrist. When I received the bills, my insurance completely covered these two physicians and all other charges as I had met my deductible. About two weeks after receiving the bills, I received a third bill from another podiatrist whom I did not know. I simply called his office and my podiatrist's office and told them that I would not be paying the third bill. I never heard anything else about the matter. That was about 15 years ago in Chicago.

- **Lauren S** Chicago, United States Insured

It's not just the OR. It's the ER too. They charge for ice and water. I was charged for gauze and a bandage that I reacted to, despite the fact on my chart it was written that I was allergic to bandages. Please someone explain charging for ICE and water.

- **Hedy S.** New Yotk, United States

After being told my insurance covered the procedures for spinal tap and MRI: the procedures were done in the hospital as an out-patient. It turned out since the procedures were done in the hospital, it was
considered part of my hospital coverage and I was responsible for almost $7,000.