



# 10 Medical Billing Overcharges to Blow the Whistle On

From surgery costs, to administrative fees, to equipment charges, hospitals and clinics routinely overcharge their patients for services both big and small. The medical principle of “first, do no harm” sometimes seems to have gone out the window completely.

Unfortunately, there are no laws to keep hospitals and clinics from doing this. It is our responsibility to step up and blow the whistle on these—let’s face it—*criminal* practices.

**Here are 10 of the most common medical overcharge scenarios and what you can do to fight back and set them straight.**

# 1

**Billed for Time Not Spent in the Room:** You arrive at the emergency room on Tuesday at 10:00 p.m. The doctor writes an order to admit you as inpatient to the ICU (Intensive Care Unit) at 11:35 p.m. You do not enter the room until 2:00 a.m. on Wednesday. The hospital charges you \$3,000 for the ICU on Tuesday. Their reason for the full-day charge on Tuesday: “The doctor wrote the order before midnight.”

**Blow the Whistle!** A patient must physically occupy a room/unit to incur a daily room charge. A written order to admit as inpatient does not meet the definition of room occupancy.

# 2

**X-ray Déjà Vu:** You arrive at the emergency room on Sunday with a possible broken arm. The ER physician looks at the X-ray, confirms that it’s broken, puts a cast on you, and sends you home. On Monday, the radiologist looks at the same X-ray and confirms that the ER physician was right. Because of this, you are charged twice for the reading of the X-ray.

**Blow the Whistle!** The physician’s reading of the X-ray is included in his or her visit charge and cannot be billed as a separate service.

# 3

**Double-Charged for Anesthesiology:** During a surgery/procedure, a CRNA (certified registered nurse anesthetist) administers anesthesia medication, supervised by an anesthesiologist. Both the CRNA and the anesthesiologist bill you full price, as if they had performed the services separately.

**Blow the Whistle!** A patient should never pay more than what the anesthesiologist would have received if he or she had performed the service independently. Therefore, the CRNA and the anesthesiologist each should not be paid more than 50% of the total charge.

# 4

**Charged for a Medical Error:** During outpatient gall bladder surgery, the surgeon accidentally nips your small bowel. Outpatient status changes unexpectedly to a 4-day inpatient stay in the ICU, resulting in a \$40,000 hospital bill.

**Blow the Whistle!** This type of medical error is considered a “never event,” meaning that the patient should never be charged for any services directly related to the mishap. Dispute all charges relating to the error and any follow-up appointments as well.

# 5

**Billed for “Medical Supplies”:** You are admitted to the ICU for an illness or injury. During your stay, you receive services such as oxygen, a ventilator, cardiac monitoring, etc. After discharge, you receive a summary bill that includes \$15,000 for “medical supplies.”

**Blow the Whistle!** Patients should not be charged for services, supplies, or equipment that is routinely available in the ICU. These charges are considered routine as well as part of the cost of doing business, and should be included in the room charge.

# 6

**Ignored Warranty:** You return to the hospital for surgery to replace failed leads to a faulty pacemaker. A new pacemaker and leads are surgically implanted. The bill you receive contains a \$35,000 charge for the pacemaker and leads.

**Blow the Whistle!** The pacemaker had a warranty, meaning that the facility never paid any cost for the replacement. Patients should not be charged any fee for new pacemakers and leads.

# 7

**Charged for Technical Problems:** You arrive at the hospital with an injury and the physician orders X-rays. The X-ray department performs more than one X-Ray due to an error with the initial X-ray (i.e., wrong body part, clarity of film, misreading of the X-ray, etc.). Later, multiple X-rays show up on your bill.

**Blow the Whistle!** Patients should not be charged for a mistake made by the physician or radiology technician.

# 8

**Room Overcharge:** A physician releases a patient from ICU to a regular room. A patient is taken to a private room instead of a semi-private room.

**Blow the Whistle!** A patient should not be billed at a private room rate when a semi-private room is not available or not requested by the patient or physician.

# 9

**Bogus Fees:** The hospital charges you an “oral administration fee,” i.e., the nurse handing you medication in a little white cup.

**Blow the Whistle!** This is considered a routine nursing service and is part of the room and board charge. In the future, alert the nurse that you do not need the expensive white cup.

# 10

**Unbundling:** During your annual physical, the physician sends you to the lab for routine lab tests. The lab bills you separately for glucose, creatinine, calcium, potassium, and sodium tests. The total charge is \$300.

**Blow the Whistle!** This is called unbundling. All lab tests should be included in a single comprehensive metabolic panel that costs approximately half of each individual test.

## Have a Question About a Medical Bill?

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