



Track Your Expenses

Medical bills sometimes arrive up to a year after the date of service. By then, patients may not be able to recall the details of the provided service. Keeping good medical records is the best way to ensure that expenses are accounted for correctly.

After an appointment or a test, write down the name of the doctor, the reason for the visit, time spent and

the outcome. (The bill sent to the insurance company is often coded by the amount of time spent with the doctor in each visit.) You can do this in a simple spreadsheet, such as the one shown below. If you're electronically challenged, a notebook will do nicely.

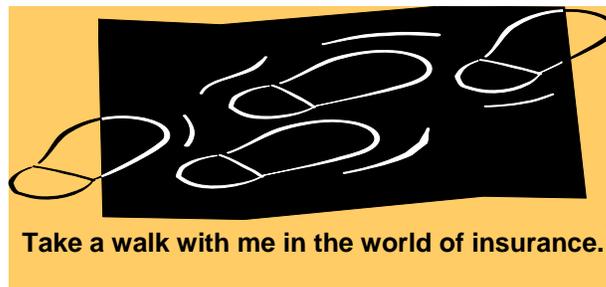
This method will ensure the information is always at your fingertips, no

matter when you get the bill. It is beneficial for large families, someone with many appointments, and even for those who utilize few services per year.

For added protection, check your credit report annually. You don't want to find unpaid medical bills in the middle of a large purchase, such as buying a home.

Name	Date	Doctor/Hospital	Time Spent	Service	Co-pay	Insurance Company	Insurance Payment	Notes
Maria	3/16/07	Norwalk	60 min.	MRI	50.00	Cigna	contracted	paid

Example of a medical visit tracking spreadsheet.



Letters From Your Insurance Company

In the stream of overflowing junk mail, it is easy to miss an important letter from your insurance company. Such letters to my clients frequently come across my desk. The letters are of several different types, written in many different

tones, but the result every time is a denial of the claim.

Ignoring these letters will ensure denial of some or all claims. Coordination of Benefits (COB) letters are the most critical. Without your response all claims will be denied. Ignoring an

accident information request letter will lead to at least one or more claim being denied. If you receive a letter about COBRA, be sure to respond promptly. Missing the COBRA enrollment deadline terminates coverage. Your pre-existing condition, if any,

will be at risk of remaining uncovered.

These letters used to be easy to complete. But the insurers now ask for forms and additional information, so answering these letters can be challenging.

This Issue:

Track Your Expenses	1
Letters From Your Insurance Company	1
Medicare on the Internet	2
Money Matters	2
Drug Advertising on TV	2
Q & A	3

Editor's note:

Welcome to the sixth issue of the Health Insurance Newsletter from MedBillsAssist.

Your comments and suggestions are welcome.

Medicare on the Internet

Medicare has been providing hospitals and doctors with electronic access to claims for many years. All healthcare professionals can look up policies, rules and fee schedules from the Medicare direct website and their local administrators.

This year Medicare took it a step further. Now Medicare recipients, too, can look up claims and other valuable information online. This is especially important because a recent change in Medicare policies eliminated monthly mailing of Summary Notices of the non-

payment type. In some circumstances a person can end up receiving a denial three months later.

Signing up on the Medicare site is cumbersome and time consuming, but it is worth the effort. You can speed the process if you have an email address, though signing up can also be accomplished via postal mail.

Once online, you'll be able to check your claim status, denials, yearly deductible amounts and current deductible usage status. Plus, you'll

be able to receive emails and request duplicate Summary Notices.

In addition, you can request a paper Remittance Advice to be mailed to your home address. Medicare also posts preventive services available and detailed information about each benefit. The latest addition is a participating physician directory. Access the website at:

www.my.medicare.gov

Money Matters

Health plan costs for 2008 may rise an average of 9 percent, according to a survey conducted by Mercer Health & Benefits. While it is typical for workers to pay a bigger share of premiums each year, this is a greater increase than in 2007. Workers will have to pay larger portions of their premiums and medical bills. The average cost per employee is estimated to be about \$8,500 in

2008, compared to \$7,523 per employee in 2007. Employers will try to lessen the price increase by offering lower-priced plans and by altering or reducing benefits.

The Mercer survey found 36% of employers want to raise the premiums their workers pay next year. About 29% plan to increase workers' deductibles, co-pays or maximum out-of-pockets. Some

employers intend to take both approaches.

Employees' share of premiums average 23% at larger employers—those with 500 or more employees—according to a previous Mercer survey. In many cases employers are providing more choices rather than shifting cost, giving employees the opportunity to select lower levels of coverage for lower cost.

Drug Advertising on TV

Drug companies spent \$29.9 billion in pharmaceutical promotions in 2005, a 330% increase over 1996. The enormous rise in spending was prompted by changes in FDA advertising policies.

In response to concerns about the growth of drug advertising, The New England Journal of Medicine recently published research on this topic. The research found direct-to-consumer advertising campaigns generally begin within a year after FDA approval. The danger for the public is that advertised drugs have usually

been on the market for only about a year. Therefore, rare but significant adverse effects may not yet be known. The after-market withdrawal of Vioxx is a prime example of this danger.

The other problem is with the advertisements themselves. Commercials feature inadequately communicated indications for drug uses, minimized serious risk disclosures, exaggerated effectiveness, embellished scope of treatment, and unsubstantiated claims of superiority over other drugs.

Overseeing the advertising content is the responsibility of the FDA, but staffing has not been increased to correspond with the increase in volume. In 2002, only three staff members were dedicated to reviewing advertisements. In 2004, one more staff member was added. During that period there was a 45% increase in advertisements.

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Q & A

Q: What do you think of Michael Moore's new movie, "Sicko"?

A: Call me misguided, but I enjoy watching Michael Moore's movies. Is he annoying at times? Sure he is. Is he presenting a partial truth? Yes he is.

But consider what he is trying to do. He is trying to open our eyes to well-known problems and shortcomings in the way our government treats citizens.

I cried during the scene in which the Cuban fireman saluted our heroes who had risked their lives to save others at the World Trade Center. These heroes are in the same predicament as many



Americans who get sick and lose their jobs because they are too ill to work. Once the income is lost, so is the medical insurance. As a result, many workers lose everything that they have worked toward. There needs to be a better way to help people to heal and recover.

For those who are critical of Michael Moore, here's an anecdote that shows his commitment to free speech.

Jim K. lives in Connecticut and runs the anti-Moore website <http://www.moorewatch.com/>.

Jim disagrees with just about anything Michael Moore has to say.

During the production of "Sicko," Jim's wife got sick. He posted a notice on the website saying he was shutting it down. He could no longer afford to maintain the website due to his wife's medical bills. Shortly after that, an anonymous donor sent him a check to help pay the medical bills and keep the website going. Only later did Jim discover that the donor was none other than Michael Moore.



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While offering a wide range of solutions, we tailor our services to each client's specific needs. Our services range from resolving claim problems from one specific illness to reviewing and tracking all health-related solutions.

When you need a patient advocate to negotiate with medical providers and insurance companies, call us.

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In the next issue:

- Policy
- Coverage issues
- Medicare
- In the News
- Q and A