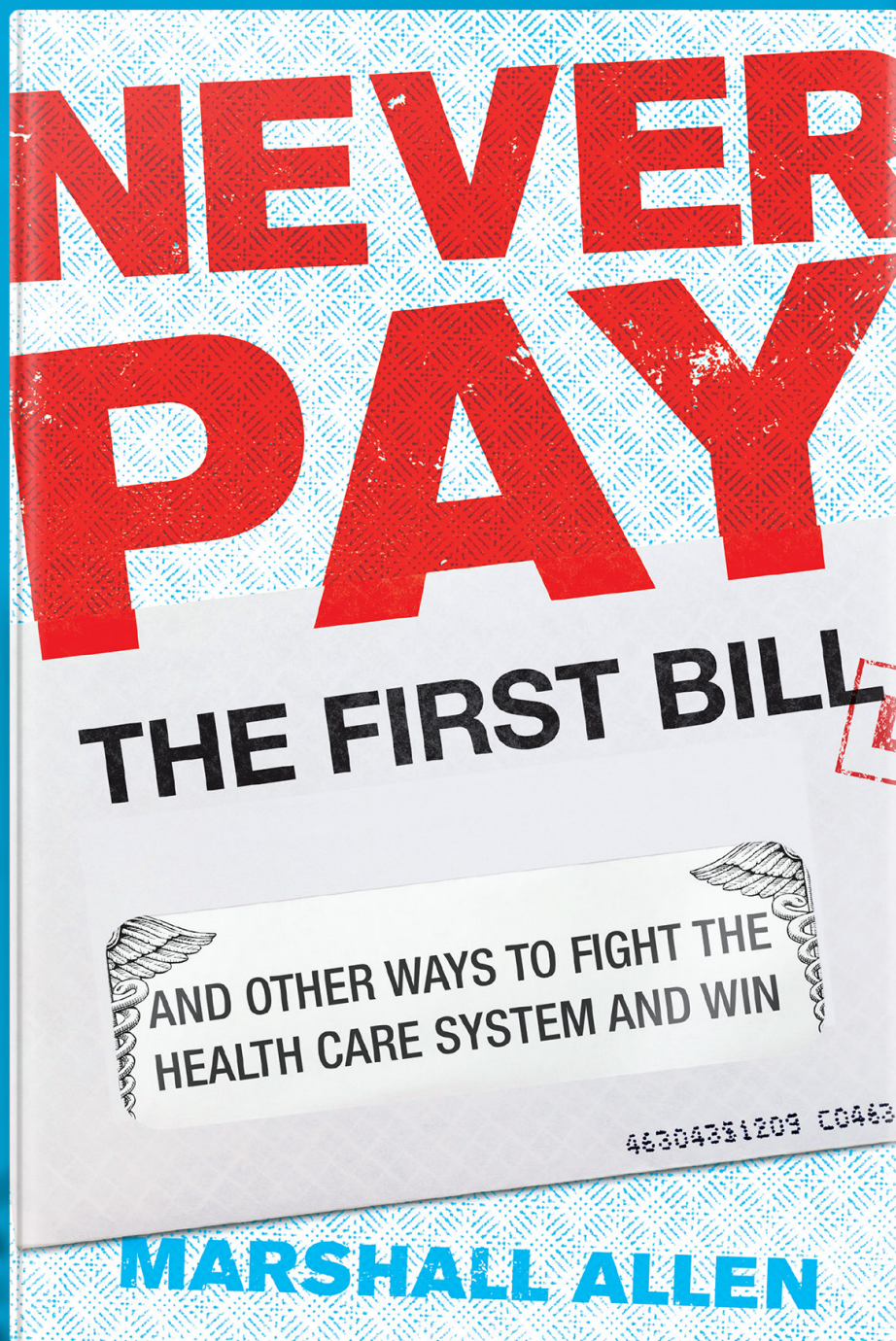


**“Marshall Allen is simply one of the best healthcare reporters in the business. He cuts through ridiculously complex regulatory and financial issues like a hot scalpel through butter.”**

—DAVID EPSTEIN, author of *Range* and *The Sports Gene*



[ EXCERPT ]

# Contents

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<i>Introduction: My Mom and Dad's Health Care Battle</i>	<i>ix</i>
--	-----------

## **PART I**

### **Fighting Back**

<b>1. The Five Hidden Reasons You Should Fight Back</b>	<b>3</b>
<b>2. Never Pay the First Bill</b>	<b>20</b>
<b>3. The Insurance Warrior's Guide to Winning Your Appeal</b>	<b>41</b>
<b>4. How to Handle Medical Debt Collectors</b>	<b>60</b>
<b>5. Sue Them in Small Claims Court</b>	<b>79</b>

## **PART II**

### **Avoiding the Need to Fight**

<b>6. How to Avoid Treatment You Don't Need</b>	<b>99</b>
<b>7. Protect Yourself from Price Gouging</b>	<b>115</b>
<b>8. You Might Save Money by <i>Not</i> Using Your Insurance</b>	<b>138</b>

### **PART III**

#### **Employer Section**

<b>9. The Conflict of Interest Undermining Employers' Purchase of Health Benefits</b>	<b>153</b>
<b>10. The Buyer Sets the Price</b>	<b>173</b>
<b>11. Check Your Receipts. You Might Be a Victim of Fraud.</b>	<b>192</b>

#### **CONCLUSION**

<b>Standing Up to Bullies</b>	<b>212</b>
-------------------------------	------------

<i>Acknowledgments</i>	<i>217</i>
------------------------	------------

<i>Appendix A</i>	<i>221</i>
-------------------	------------

<i>Appendix B</i>	<i>229</i>
-------------------	------------

<i>Appendix C</i>	<i>233</i>
-------------------	------------

<i>Notes</i>	<i>237</i>
--------------	------------

<i>Index</i>	<i>255</i>
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## **Introduction: My Mom and Dad's Health Care Battle**

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I'VE BEEN AN INVESTIGATIVE REPORTER covering health care since 2006, and I've been continually astonished by the unfair nature of the American medical system. It's outrageous that we pay far more for health care than the citizens of any other country without getting our money's worth. It's alarming the way big players—drug companies, hospitals, insurance companies, and others—profit by exploiting our sickness and violating our trust. I talk every day to people who are getting taken advantage of by the system.

I wrote this book to arm individuals and employers with the knowledge, tactics, and inspiration they need to stand up for themselves and the people they care about. I also wanted to counter the idea that this is a losing battle. Lots of people are fighting back and winning—saving hundreds or thousands of dollars by the savvy way they engage the system. I wanted to empower others to stick up for themselves and save big money. Little did I know that I would need to put my own advice into practice before I was done writing. But it happened, and I want to tell you that story here because it illustrates a lot of the principles that come into play.

My two brothers and I watch over our dear elderly parents. My mom and dad are private people, so I won't name them here. But they've agreed to let me share our family's story because they care about accountability and helping others. My dad, who just turned eighty, suffers from a slowly advancing form of dementia but is in excellent physical health. After years of his decline and my mom's own health challenges, it became clear that she needed help caring for him. In the fall of 2019, at the same time I started writing this book, we made the difficult decision to admit Dad into an assisted living facility.

As a journalist, I've written almost every type of health care horror story, including those about the problems in long-term care homes. We did an extensive check to make sure we avoided any truly dangerous places for Dad. My parents and my older brother live in Greeley, Colorado, and thankfully we found a nice assisted living facility near them. The place was expensive—about \$6,000 a month—but brand new and well appointed. Flat screen televisions, comfy couch areas, and good food. The staff was also kind and truly seemed to care about my dad.

The problem is, they got something extremely confused during the admission. My mom has my dad's power of attorney, so she has the legal right to determine what type of care he should receive. She told the staff that she would continue to pick up Dad to take him to his established primary care doctor. My older brother was with her when she signed the admission paperwork, and they both say Mom's direction was clear: Dad should not receive routine medical care at the assisted living facility. The facility's executive director still had my mom sign a consent form for the primary care group that provided medical services at the facility. Mom's understanding was that she signed it in case Dad needed emergency care, not for anything routine.

My mom and brother visited my dad almost every day or

picked him up and brought him to church or other family events. After he had been there for more than a month, they noticed a dramatic mental decline. His brain slowed, he got almost drowsy and seemed in a stupor—behaving almost as if he were drunk. Mom noticed but chalked it up to the dementia. Perhaps he was having a hard time with the transition.

Just before Christmas Mom got a pharmacy bill in the mail. It showed that, unbeknownst to her, my dad had been on a drug called tamsulosin, also known as Flomax, for more than a month. The bill said a nurse practitioner whom Mom had never heard of put Dad on the medication. Mom didn't understand—how could she be getting a bill for a drug that she hadn't approved or known about? And who was this nurse practitioner? She quickly realized that the drug could have caused Dad's recent decline. And when she looked up the possible side effects, they matched his symptoms of cognitive impairment. She called the administrator at the assisted living facility and ordered them to stop the Flomax immediately. They complied. Thankfully, Dad bounced back as soon as they stopped the drug. He had recovered, but it was despite the people who were supposed to be caring for him, not because of them.

Mom had already been unimpressed by the facility. The place felt empty, they often canceled activities, and Dad didn't get enough stimulation. She had already planned on moving him out, but this sealed it. Soon after the new year he moved to a different facility, where things went much more smoothly. About two months later, we all got hit with the COVID-19 pandemic. We immediately moved Dad back in with Mom and they have been doing great. They are so happy and content to be together.

But it turns out the medication error was only one of the problems. Soon after the move out of the first facility, the billing department from the primary care medical group came calling.



They didn't have Dad's Medicare insurance information. That's because they were never intended to provide his care. But they wanted his Medicare details so they could bill for a routine exam that that same nurse practitioner had performed on Dad. What!? This was the first my mom had heard of any exam! There wasn't supposed to be any routine treatment on Dad. The bill came to \$445, they said, which sounded steep to me for an exam on a healthy dementia patient.

I marveled at the irony of this situation. At the same time my dad suffered a medication error and my mom got billed for an unnecessary exam that violated her power of attorney, I happened to be writing this book about how patients can stand up for themselves when they're getting pushed around. The primary care group had stuck the parents of the author of *Never Pay the First Bill* with a bogus medical bill. Well—here we go. Game on. I had learned so many things while writing this book and now I would get to put them into practice. I knew I had the knowledge to handle the situation—it's right here in these pages. And I also had the motivation. Mom made me the point person and I began the process of unraveling the problems. I had to find out how the medication error had occurred. And I needed to persuade them to waive the bill.

Mom had already complained to the primary care group about the medication error. She said she wanted a full explanation for what had happened, and an apology. The primary care group responded with a short letter to say they were looking into it, but they seemed to miss the point. "We apologize for this medication occurrence," the letter said. That's a strange apology because they didn't call the *occurrence* what it was: an error. My dad should have never been put on Flomax.

The letter came in the name of the nurse practitioner, so I found her phone number and I called her. To her credit, she spoke

to me and was extremely apologetic and concerned about the error. She told me that the letter should not have minimized it. “It is an error,” she said. “He was not on the medication and he did receive it.”

I appreciated that she admitted it. And I could tell she was sincere. That’s more than many patients ever get. She also apologized and said she was trying to figure out how it had happened. It turns out the refill request had somehow been originated at a long-term care pharmacy used by the primary care group, which has medical providers throughout Colorado. She didn’t know how that had happened but assured me that she had changed her practice. She would never again approve a medication refill without checking the patient’s records.

I’ve spoken directly to hundreds of victims of medical errors. Most of them did not get an apology when they or their loved one suffered from a medical error. Medical providers tend to go with the language used in the letter—calling an error an occurrence to avoid taking responsibility. No one ever did tell us how the pharmacy made the error.

Now I had to sort out what led to the bill for \$445. I called the primary care group and got connected to Jamie in the billing department. She explained to me that the same nurse practitioner who had made the medication error also had done an examination just days after my dad was admitted. I tried to explain that there should have been no exam at all, because my mom, who has the power of attorney, hadn’t given consent. Jamie didn’t want to hear about that. She just wanted Dad’s Medicare insurance information so she could submit the bill.

What type of care did you provide to my dad? I asked. “Kind of like an exam,” Jamie said. “We’re unable to bill any insurance. So we’re just sitting here with a \$445 balance. If he had coverage, I need to know.”



What type of exam? I asked, leaning forward in my seat and taking notes on my computer. “What code did you use to bill it?”

“We used an evaluation and management—E&M—code,” she said. “99328.”

“What does that code mean?” I asked. “Is it based on the time spent on the exam?” I was fishing to see if they were upcoding—using a code that overstated the complexity of what actually occurred so they get paid more. My dad is healthy as can be, except for his dementia. He had had a full exam by his primary care doctor before being admitted to the assisted living facility and was in great shape.

“It’s based on level of service,” Jamie explained. “That 99328 would qualify as a level 5 new patient service. A little more intensive than the initial level.”

*A little more intensive?* Basic exams are coded from level 1 to 5. Level 1 is the most common. Level 5 is not something a physically healthy guy like my dad would need. I later looked up the code online and saw it describes an examination that requires seventy-five minutes or more with a patient and his family, usually because the patient has developed a significant problem that requires medical decision making of high complexity.<sup>1</sup> I suspect that type of exam didn’t happen with my dad.

Jamie was getting frustrated. If I didn’t provide the Medicare insurance information, she said she would bill my mom. I asked her to please send me the medical records that justified the level 5 billing code. But I never heard from her again, and a few weeks later my mom got a bill in the mail for \$445.

The primary care group had escalated the situation. Our dispute had entered a new phase. The bill caused a lot of stress for my mom. She didn’t like someone coming after her for money. I knew what to do, because I had just been working on the chapters in this book about how to dispute an unfair medical bill and how to

sue your medical provider if you get billed unfairly. I was excited to use these methods myself.

I talked to the director of business administration for the primary care group. We traded some phone calls and email—it took a lot of urging—but finally he sent me the medical records from the examination. He also sent the consent form that my mom had signed and claimed it justified the exam. It seemed that the assisted living facility had botched the consent process during my dad’s admission, and that led to a miscommunication. The primary care group mistakenly believed it should be providing care to my dad.

But that doesn’t justify leaving my mom out of the picture. The nurse practitioner should have involved my mom in every aspect of the care. There should have been no history and physical of my dad, given his cognitive limitations, without the presence of my mom, who until that point had been his full-time caregiver. The bill “needs to be waived and her account needs to be cleared,” I wrote to him in one email. “Obviously you should not be billing patients for exams that are unnecessary, incomplete and violate the patient’s Power of Attorney.”

I also called the assisted living administrator and told her what I thought had happened, and that the primary care group was coming after my mom for \$445. “They should just waive that bill,” she said to me. I told her I agreed and that perhaps she could urge them to back off and let things go.

I also made it clear to all three of them—the facility, primary care group, and the nurse practitioner—that if we didn’t get the situation resolved in a way that was fair and that answered all our questions, I would escalate my concerns. I told them I would have no choice but to file complaints against the licensing boards for the nurse practitioner, facility, and the pharmacy. Then the state regulators could investigate whether they violated mom’s power of

attorney, and they could also figure out how the medication error occurred.

I think it was my brother's visit to the assisted living facility to make copies of the medical records that finally loosened them up. I live in New Jersey, so he had to make copies of all the records so we could see what consent documents my mom had signed. I also wanted to see if they had dad's primary care doctor properly listed anywhere in the records. Sure enough, the name of his actual primary care doctor was right there on the face sheet of his medical record. The primary care group should not have been involved in any routine care without my mom's consent.

Ultimately, I was gathering these records and taking notes in all these conversations to prepare for what might need to come at the end of the line. I was prepping to sue them in small claims court—an inexpensive venue for resolving disputes that doesn't require an attorney. I have a chapter in this book about how you can use small claims court to win your health care battles. I was building my case, putting the evidence together, piecing together the puzzle to figure out what went wrong and who was responsible. I made it clear to all of them that we were not going to stop and were not going to back down until we were treated with the fairness we deserved.

I will give the assisted living administrator credit for being open. She welcomed my brother's visit and let him make copies of the records at their machine. They didn't charge him like some medical facilities do, which is ridiculous because every patient has a legal right to a copy of their medical records. As my brother made copies of the records, he said he sensed it might be making the administrator a bit nervous. She hovered near him and made halting conversation. "Are you trying to shut us down?" she asked him at one point.

He assured her that we had no interest in shutting them down

and that we don't care about money. "We care about what's right and just for people," my brother explained.

Then he asked her if she knew what I did for a living. Yes, the administrator said she knew I was a journalist. "You should read some of his stories," my brother said.

I sort of wish he hadn't said that because it might have tainted my case study. I try to go through these situations without people knowing I'm a reporter because it allows me to get a purer picture of how the public is treated.

I don't know if my brother's mentioning my muckraking credentials did it or not, but I got a call a day or so later from the business director of the primary care group. "I'd like to see if we could come to a conclusion on this," he said. This time his tone was deferential. He said he'd spoken to the assisted living facility administrator the day before and decided we could argue back and forth forever, but that they would go ahead and clear the bill. "It's just the prudent thing to do," he said.

I didn't argue with him or talk back. One of the fundamental rules of negotiating says keep your mouth shut if things are going in your favor. I thanked him and asked him to please send me confirmation in writing by the end of the day. He did so, and I forwarded it to my mom, and she rejoiced.

Case closed.

I didn't even need to file a case in small claims court, which bummed me out just a little.

I asked both the assisted living administrator and the primary care group business director to comment about this situation for this book, but they declined.

I was pleased to see how well the tactics I describe in this book worked for me. Some people might not blink at a \$445 bill—they'd just pay it. But many Americans barely have that much in their savings account.<sup>2,3</sup> My family could have paid the bill, but it

would not have been right and there would have been zero accountability for everyone who made the error and sent the bill. Plus, it didn't take me more than a couple of hours total to fight the bill. Saving \$445 for my mom and dad was a nice return on my investment.

It felt good to stand up for what's right and save hundreds of dollars. Now I want you to enjoy that same satisfaction and relish a similar financial reward. This book is for anyone who has ever felt bullied by the health care system. You may be a mom or a dad who has a sense that you're not getting a fair shake as you see more and more money get taken out of your paycheck for insurance premiums. Perhaps you have been hit hard by the COVID-19 pandemic and lost the insurance coverage you had through your job. Or maybe you are covered through a health care sharing organization, or a high-deductible health plan, so you pay a lot out of pocket and need to make sure you get the best deal. Maybe you're younger, at the start of your career, and perplexed by our convoluted health care system. This book is going to teach you life skills that could save you hundreds or thousands of dollars every time you buy a medication, or go to the doctor or hospital, or get a lab test or MRI.

This book will reveal the hidden tricks the health care industry uses to make your money disappear. It will also show you how to identify errors in your medical bills and what to do about them. And it will lay out the tactics insiders use to fight back. Applying these tips could save you big money, and you will also bask in the pride of standing up for yourself—and that's priceless. American medicine can be a bully, counting on us to remain passive and keep paying. I'm going to show you how to stick up for yourself and make the bully back off.

This book will reframe the way you think about this problem. The health care industry has conditioned us to think there's noth-

ing we can do about the ridiculous prices and unfair medical bills. The health care industry has been making us think that it sets all the rules and our role is to passively comply. It's set us up to be victims. But it doesn't have to be this way. We can be victorious.

This book shows how to avoid unnecessary care, how to identify price gouging and fraud, and how to negotiate a bill to get it reduced. I also explain how to use small claims court to sue a hospital or doctor if they aren't willing to treat you fairly. This book gives step-by-step instructions on how to do all those things and more. I put these things into practice for my parents and helped them come out victorious.

If we don't stand up for ourselves the abuse will never stop. Our costs will continue to rise. Our coverage will get worse. Our paychecks will be even more depleted. More people will go into debt. More of us will be sent to collections. On the flip side, if we deploy the strategies in this book, we can save hundreds or even thousands of dollars with each victory.

This book also has a section for employers, who have been watching the cost of the health benefits they provide climb so high it's eating into their revenue and the money they devote to paying their employees. Depending on the size of their organizations, employers could save hundreds of thousands or millions of dollars while improving the health care benefits enjoyed by their workers. Nobody else is going to fix this problem for us. Let's fix it for ourselves.

I want to make sure one thing is crystal clear: No matter what you're told, it doesn't have to be this way. The American health care industry could provide better care for less money. But that hasn't been its goal.<sup>4</sup> And that's where we come to my reason for writing this book. I have an audacious proposal: We should be paying less for health care and getting more for our money.

My goal is to leave you feeling empowered and equipped to



overcome this problem. Please do me a favor: Contact me when you have a victory, big or small, via my website, [marshallallen.com](http://marshallallen.com). I want to write up and share as many of your stories as I can. We can all be an inspiration to one another. And we can also share tips and tricks and tactics that we used to win. Let's build the momentum so this movement grows, so we can finally get what we deserve: better health care that costs less.

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