

## DOCTOR DEMANDS PAYMENT OF \$118.46 ON BILL THAT WAS PAID IN FULL

By Woodrow Wilcox

One of this insurance agency's senior citizen clients got a bill from her doctor's office and brought the bill to our agency for our review. Both the client and the doctor are from Munster, Indiana.

I reviewed the bill and phoned the insurance company to learn what records it had on the charges. There were some major discrepancies.

The bill said that the original total charges on the date of service were only \$335. But, records that the insurance company had from Medicare showed original total charges on the date of service were \$605. Medicare allowed only \$208.66 of charges. Medicare paid \$166.94. The balance of \$41.72 was paid by the insurance company. I recited these facts and the date and number of the check that the doctor's office received from the insurance company to prove that the bill was paid in full. Our senior citizen client did not owe the doctor \$118.46 on these charges.

Probably, the people in the doctor's office are busy and have not been properly trained in accounting for Medicare allowable charges, adjustments, and payments. But, if the doctor's office personnel mess up on other patients' records, how much money is being falsely billed to senior citizen patients? In other words, how much money is the doctor billing and receiving from his Medicare enrolled patients when the patients really don't owe anything?

This insurance agency helps senior citizen clients without charge in such matters.

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