

HEALTH

PROBLEMS WITH MEDICAL BILLINGS

If you have problems understanding your medical bills, you're not alone. Billing problems are among the top reasons patients complain to the state

Medicaid Fraud Control Unit, according to Attorney General Frankie Sue Del Papa.

"Deciphering hospital, clinic, and doctor bills is sometimes

difficult," explains Tim Terry, Deputy Attorney General for the Unit. "However, there are some things you can and should do to avoid confusion and gain clarification."

- Ask questions. Most hospitals have staff specifically to help answer questions regarding a patient's billing. To avoid confusion, be sure you have the bill in front of you and have your account number ready.

- Most hospitals require immediate payment before you leave the hospital or clinic for that portion of the medical bill not covered by insurance. Let the hospital know ahead of time if you will have trouble paying

your account so that you may work out a payment plan with them.

- Examine your bills carefully. Some things may look like a bill, but are actually a statement to let you know the bill was sent to another payment source, such as your insurance company. Look for a stamp stating either "This is not a bill" or "For your records."

- Most hospitals summarize the bill for you, making translations sometimes difficult. To determine the exact charges, request an itemized bill. Many will mail it to you at no charge.

- If problems arise in the payment of your medical claim

to be paid with insurance, you will need to work those out directly with your insurance carrier, including Medicare. It is the patient's responsibility to know their policy and coverage. You may take your policy with you to the hospital upon admission for assistance and clarification should you be unsure of coverage.

- Recognize that along with a bill from the hospital, you will receive separate bills for physician services, such as anesthesiologist, radiologist, or surgeon. This means you may receive several billings from just one visit to the hospital or clinic.

- Include the portion of your

bill with the account number on it and print the account number on your check when making a payment.

- Call the medical facility immediately to discuss problems with the amount due on a bill or the payment plan you originally agreed upon. Although it is a last resort, medical bills can get turned over to collection agencies.

- Keep all of your medical bills organized together.

To file a patient complaint regarding Medicaid Fraud, contact: Office of the Attorney General; Medicaid Fraud Control Unit; Capitol Complex; Carson City, NV 89710; Tel: 687-4704



**United States Senator
Richard Bryan
Reports to Nevada**

HEALTH CARE COSTS GO OUT OF SIGHT

Health care is an issue that concerns everyone. Whether it is on the news, in the grocery store, or at work, people are talking about health care. And for good reason. With the skyrocketing costs of health care and the growing number of people who are finding themselves without health insurance, Americans are worried about getting sick and being able to pay the doctor.

In 1980, the average American family spent \$2,600 on health care. In 1990, American families spent \$6,500 on health care. By the end of this decade that number is expected to reach \$14,000 if our health care system is unchanged. Few families can afford to spend more than twice what they are spending now for health care. In 1960, when President Kennedy argued for Medicare, he said it was necessary because older Americans were spending a tenth of their income on health care. Today, this same age group spends one-sixth of their income.

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Whether it is a family without health insurance, a patient who cannot afford an operation or a business that can no longer afford to cover its employees, the stories are similar wherever you go. Americans who are insured today wonder if they can afford to be insured tomorrow, or if their insurance will adequately cover costs in the event of an illness. Anxiety over health care is no longer felt just by the uninsured. The problems are even more evident in Nevada, where we have some of the highest health care costs in the nation. A recent report by the independent General Accounting Office verified that Nevada's hospital costs are some of the highest in the country. These spiraling costs hit the elderly on fixed incomes even harder.

Identifying the problem has been the easy part. How to control the costs of health care, and how to ensure that quality health care is accessible and affordable for everyone is the challenge.

President Bush's long-awaited health care plan has some good points, such as help for small businesses to provide insurance for their employees, but it carries a huge price tag of \$100 billion which he proposes to pay by cuts in Medicare and Medicaid. We cannot bring down the costs of health care by taking from Peter to pay Paul's health

care bills. Throwing more money into the system will not solve anything. We must have a strategy for containing costs.

We cannot bring down the costs of health care by taking from Peter to pay Paul's health care bills.

I am a cosponsor of a bill introduced by Senator Lloyd Bentsen (D-Texas), Chairman of the Finance Committee, which is an important first step to reform some of the most pressing health care problems such as coverage for small business employees and rising costs of health care. In 1990, small businesses spent about \$3,000 per employee on health insurance. As businesses struggle to fight off the lingering recession and foreign competition, they are finding it harder and harder to provide health insurance for their employees.

The Bentsen-Bryan bill would allow employees who are currently insured but find themselves unable to leave their jobs for fear of losing their health insurance, so-called "joblock," to change jobs through a provision that prohibits group health insurance, including self-insured employer plans, from excluding coverage for pre-existing conditions for more than one 6-month period. The bill also addresses the problem of "cherry picking," whereby insurance companies choose to cover some employees but not others, by setting minimum standards for health insurance sold to small employers. Insurers could not exclude individuals in a group from coverage, and could not cancel policies due to claims or health status. Costs would be contained by establishing a program for managed health care plans and utilization review programs. Also, a Health Care Cost Commission would be established to advise the President and Congress on ways to reduce costs.

The United States has some of the world's most highly advanced health care resources, from hospitals to health care professionals. Because of skyrocketing costs these resources are often out of reach for many Americans. We have a long way to go toward solving our health care problems and many difficult decisions will have to be made. We need a health care system that includes tough measures to contain costs, and ensures that Nevadans and all Americans have access to high quality and affordable health care at all times.

1992 HIV/AIDS TRAININGS

The American Red Cross Clark County Chapter and the Association of Latin American, Inc. (NALA) combined efforts to educate and to provide training to a group of volunteers who want to become HIV/AIDS Instructors.

The following dates have been scheduled for the third in a series under a cooperative agreement with the Centers for Disease Control (CDC) and the Nevada Association of Latin Americans Inc. to provide Instructor training courses:

- April 20-24
6:00 p.m. - 10:00 p.m.
- June 23-25
8:00 a.m. - 5:00 p.m.
- August 25-27

8:00 a.m. - 5:00 p.m.

- October 27-30

8:00 a.m. - 5:00 p.m.

Ms. Ginger Lengenfelder, Director of Health and Safety Services, added: "The Red Cross has taken a significant role in HIV/AIDS prevention education. Because the public knows and trusts the Red Cross and sees it as a neutral and impartial source of help and information, our organization can reach people who might not feel as confident about information provided by other sources."

Enrollment is limited and pre-registration is mandatory. Due to CDC grant funding, there is a minimal charge of \$25.00 for this training.

This course offers a 20 contact hours for Nursing Continuing Education Credit, and a \$10.00 additional fee is required for those who are interested in obtaining CEU's. If you and/or organization would like to attend,

please contact our HIV/AIDS Coordinator, Mr. Juan G. Mora-Guzman at (702) 384-1225 for registration information.

Remember, education is the best tool to fight an epidemic like HIV/AIDS.

**Keep Hope Alive...
STOP THE VIOLENCE**

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