



MUESTRA - DATOS FICTICIOS

Informe de BillRadar

Caso example · Seaside Regional Hospital · Preparado el 21 de abril de 2025

Hasta \$2,780 podrían descontarse de sus facturas

Lo que encontramos

Same service billed twice on sheet 10

Lines 1 and 2 are the same code 01960 on Feb 11, 2025 for \$4,944.00 each.

hoja S10, línea 1 · hoja S10, línea 2

You have a \$40.00 credit on sheet 12 · \$40.00

The balance is in your favor. Ask for a refund instead of leaving it on the account.

hoja S12

Page 3 of 4 is missing

This insurance statement has 4 pages; we have 3. Totals may be on a missing page. Find or ask for pages 3.

hoja S1 · hoja S2 · hoja S3

You likely qualify for financial assistance · \$1,399.71

Household of 3, income \$58,000: 212.3% of the poverty guideline. The policy gives 90% off at this level. Sheet D1 has no discount yet.

hoja D1

"Memorial Regional Hospital BALANCES DUE FROM PATIENT INCOME AMOUNT OF DISCOUNT Up to 200% of FPG 100% Discount 201% - 250% of FPG 90% Discount 251% - 300% of FPG 85% Discount 301% - 350% of FPG 83% Discount 351% - 400% of FPG 83% Discount" - Financial Assistance Policy, Revised May 2026, pág. 11

"This means all uninsured patient responsibility amounts as well as insured patient balances after insurance payment. This includes deductibles, coinsurance, copayments, and non-covered charges." - Financial Assistance Policy, Revised May 2026, pág. 3

"in the case of emergency or other medically necessary care, not more than the amounts generally billed to individuals who have insurance covering such care (AGB)" - 26 CFR 1.501(r)-5(a), limit on amounts charged (AGB)

"Refunds to the individual any amount he or she has paid for the care (whether to the hospital facility or any other party to whom the hospital facility has referred or sold the individual's debt for the care) that exceeds the amount he or she is determined to be personally responsible for paying as a FAP-eligible individual, unless such excess amount is less than \$5" - 26 CFR 1.501(r)-6, billing and collection

"Takes all reasonably available measures to reverse any ECA (with the exception of a sale of debt and an ECA described in paragraph (b)(1)(iii) of this section) taken against the individual to obtain payment for the care." - 26 CFR 1.501(r)-6, billing and collection

You likely qualify for financial assistance · \$1,341.23

Household of 3, income \$58,000: 212.3% of the poverty guideline. The policy gives 90% off at this level. Sheet D3 has no discount yet.

hoja D3

"Memorial Regional Hospital BALANCES DUE FROM PATIENT INCOME AMOUNT OF DISCOUNT Up to 200% of FPG 100% Discount 201% - 250% of FPG 90% Discount 251% - 300% of FPG 85% Discount 301% - 350% of FPG 83% Discount 351% - 400% of FPG 83% Discount" - Financial Assistance Policy, Revised May 2026, pág. 11

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"in the case of emergency or other medically necessary care, not more than the amounts generally billed to individuals who have insurance covering such care (AGB)" - 26 CFR 1.501(r)-5(a), limit on amounts charged (AGB)

"Refunds to the individual any amount he or she has paid for the care (whether to the hospital facility or any other party to whom the hospital facility has referred or sold the individual's debt for the care) that exceeds the amount he or she is determined to be personally responsible for paying as a FAP-eligible individual, unless such excess amount is less than \$5" - 26 CFR 1.501(r)-6, billing and collection

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Revisado, aquí no hay dinero

Doctors' bills are outside the hospital's assistance policy

LITTLE HARBOR PEDIATRICS, Meridian Physician Services bill separately. This policy covers the hospital and its own doctors only; ask each office whether it has its own help program.

hoja S8 · hoja S9 · hoja S10 · hoja S11

"This Financial Assistance Policy only applies to services provided by MHS at its facilities and services provided by MHS employed physicians." - Financial Assistance Policy, Revised May 2026, pág. 5

Cartas listas para firmar

Request for an itemized statement	Para: Patient Financial Services, Seaside Regional Hospital
Billing dispute: amount does not match my insurance	Para: Patient Financial Services, Seaside Regional Hospital
Application for financial assistance	Para: Patient Financial Services, Seaside Regional Hospital

Sus documentos

S1	Explicación de beneficios (EOB)	Harborlight Health Next	21 de marzo de 2025	
S2	Explicación de beneficios (EOB)	Harborlight Health Next	21 de marzo de 2025	
S3	Otro		21 de marzo de 2025	
S4	Explicación de beneficios (EOB)	Harborlight Health Next	1 de abril de 2025	
S5	Explicación de beneficios (EOB)	Harborlight Health Next	8 de enero de 2025	
S6	Otro		8 de enero de 2025	
S7	Explicación de beneficios (EOB)	Harborlight Health Next	11 de marzo de 2025	
S8	Estado de cuenta del hospital	LITTLE HARBOR PEDIATRICS	6 de julio de 2025	\$27.00

S9	Estado de cuenta del hospital	Meridian Physician Services	22 de marzo de 2025	\$393.64
S10	Factura detallada	Meridian Physician Services	21 de abril de 2025	\$393.64
S11	Estado de cuenta del hospital	Meridian Physician Services		\$393.64
S12	Estado de cuenta del hospital	Seaside Regional Hospital (IP) 300	18 de marzo de 2025	\$-40.00
S13	Estado de cuenta del hospital	300_Women First OB/GYN Care, LLC	18 de marzo de 2025	\$0.00
S14	Otro	Cradleview-Obstetrix Medical Group	1 de abril de 2025	\$275.00
D1	Estado de cuenta del hospital	Seaside Healthcare System	5 de abril de 2025	\$1,555.23
D2	Factura detallada	SEASIDE REGIONAL HOSPITAL		\$1,555.23
D3	Factura detallada	SEASIDE REGIONAL HOSPITAL		\$1,490.25

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