

MEDICARE DENIED OVER HALF THE BILL

By Woodrow Wilcox

The son of one of our clients brought a bill and a note to me on December 26, 2012. The client wanted to know why he got a bill for \$145 on a medical bill for \$260 when he had both Medicare and a Medicare supplement insurance policy which he bought through this insurance agency.

The client did not send to me the Medicare Summary Notice from Medicare that related to the bill in question. I had nothing with which to compare the bill.

I phoned his insurance company to learn what it knew of the bill. Perhaps the insurance company never got the bill from Medicare. In such a case, I would send a letter to get the vital information to the insurance company so that it could pay its share of a bill.

But, that was not the case in this matter. Of the bill for \$260 of radiological services, Medicare ruled that \$145 of the services were not covered by Medicare. That's over half the bill! If Medicare rules that a medical service is not allowed for Medicare payment, then the Medicare supplement insurance will not pay on that charge either. The insurance supplements Medicare and relies on the decisions of Medicare regarding whether a senior citizen gets help with a bill.

In my letter to the client, I stated that I have a good record of helping to lower medical bills when there is a mistake. But, I am unable to help seniors when the unexpected bill is caused by a government policy. For years, I have warned seniors that the federal government will start to rule that more and more medical services are not covered by Medicare in order to save the federal government money and shift medical costs back onto seniors. That is what is happening now under the new health care law.

My book SOLVING MEDICARE PROBLEMS\$ (www.solvingmedicareproblems.com) discusses this in one chapter.

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