

# **MANAGING THE FINANCIAL ASPECTS OF CANCER TREATMENT**

## **INTRODUCTION:**

The financial aspects of cancer treatment can be extensive, including payments for tests, treatment, prescriptions drugs, and appointments with healthcare providers. The purpose of this section is to provide patients with tips for understanding and disputing medical bills, how to negotiate payment plans, options to cover health care expenses, and the consequences of unpaid medical bills.

It can be very useful for patients to start a file for the paperwork related to their treatment, including medical bills, prescriptions, explanations of benefits (EOB), and medical records. Patients should use a system that is comfortable for them, but there are a number of useful tools provided by cancer organizations, such as the American Cancer Society and **LIVESTRONG**, and there are computer programs, such as Quicken Medical Expense Manager that are also available.

Whenever a patient receives care from a physician, the medical provider goes through a process called medical billing. First, the physician bills the patient's insurance company. Then the insurance company decides what they are responsible for paying and what the patient is responsible for paying. The insurance company then pays the physician and sends the patient an EOB, which indicates the amounts billed, the amounts paid by the insurance company, any amounts applied to the patient's deductible, and any amounts that the patient is responsible for paying to the physician. The EOB is not a bill, it is just an account statement provided by the insurance company. Then, the physician usually sends the patient a bill for any amount that the patient is still responsible for paying. Sometimes, a patient will receive the bill before getting the EOB. It is a good idea for patients to wait to pay the bill until receiving the EOB, to ensure that everything was billed and paid for correctly. If some time passes and patients have not received an EOB, patients can contact their insurance company directly to request another copy of the EOB.

It is also important to note that medical expenses may be tax deductible. Individuals can contact their accountant or a free tax service for information about their taxes.

## **I. BEFORE TREATMENT**

A. **Tips to Ensure Medical Bills Get Paid:** Individuals can save time and money by avoiding medical bills in the first place. Below are a few tips to help ensure that medical bills get paid:

- 1) **Show Proof of Insurance to All Providers:** If patients have health insurance, they should tell all of their providers. If they have more than one kind of insurance let all providers know that as well. For example, some people have both Medicare and Medicaid or have a policy through their employer and also have an individual insurance policy. It is also the patient's responsibility to take the initiative and ask their providers to pass along their information to secondary providers like labs or imaging facilities. If the patient is in a managed health care plan, like an HMO or PPO, it is important to read their Evidence of Coverage (EOC) booklet or health plan contract, which explains the rules of the health plan. Before making an appointment, the patient can determine if their insurance will cover the services they need based on the information on the EOC. Additionally, patients should always take their insurance card to medical appointments and to their pharmacy. Patients should show the card to the billing or front office staff. This will let them know they should send any bills to the health insurance company. Patients should also ask medical facilities and pharmacies to make a copy of their insurance card to keep on file.

- 2) **Keep Contact Information Current:** Patients should make sure that all medical providers have their current address and contact information on file, including: doctors, other providers, pharmacies, and health plans. It is also important for patients to make sure that their current contact information is passed on to billing departments, labs, and other hospital departments being used by the patient. This will help ensure that all of the patient's providers are billing correctly.
- 3) **Check into Health Care Options:** If patients do not have health insurance, they should try to get assistance to pay for their treatment.
  - (i) **Find a Hill-Burton Facility:** In 1946, Congress passed a law that gave hospitals, nursing homes, and other health care facilities grants and loans for construction and modernization. In return, these facilities agreed to provide a reasonable volume of services to persons unable to pay and to make their services available to all persons residing in the facility's area. For information on Hill-Burton facilities, visit [www.hrsa.gov](http://www.hrsa.gov).
    - **Note:** Most hospitals do not disclose this payment option, so patients should be persistent to see if they are eligible.
- 4) **Always Read Health Forms Carefully Before Signing:** Patients should not sign anything that they do not understand. If they sign something, they may be agreeing to pay for services and treatment without knowing it. It is okay for patients to ask doctors or other providers questions about any forms they are being asked to sign.
- 5) **Pre-Authorization:** Patients should ask providers if a particular treatment or service requires pre-authorization from their insurance company. Most providers have a staff person who contacts an insurance company by phone to get pre-authorization. Receiving a pre-authorization does not guarantee that an insurance company will ultimately pay for the treatment. However, getting a pre-authorization in writing will help a patient make a case to the insurance company or external medical review organization that a patient's treatment should be covered.

## II. AFTER TREATMENT

- A. **Introduction:** Once patients have received treatment, they are typically responsible for paying for any costs associated with that treatment. However, there are a few things that patients can do to ensure they have been billed the correct amount, that the insurance company was charged the correct amount, that the insurance company has covered the correct amount, and that the amount the patient is responsible for is correct. This process may be confusing because patients may receive a bill from the provider before they receive the Explanation of Benefits (EOB) from the insurance company. It is a good idea for a patient to wait for the EOB before paying the bill so patients know what they were billed and what their insurance company paid. If patients do not receive an EOB, they can contact their insurance company for a copy of one.
- B. **Strategies for Reading and Negotiating Hospital Bills:** It is important for patients to carefully review their medical bills, because bills may contain errors or items that are overpriced. Also, sometimes insurance companies will incorrectly deny coverage and the provider will send the bill to the patient. It is always a good idea to check a bill before paying it.

- 1) **Request an Itemized Copy of the Medical Bill and Review It:** When a provider submits a bill to an insurance company, the insurance company then sends the patient an Explanation of Benefits (EOB). This explains what was billed to the insurance company, how much was applied to the patient's deductible, how much the insurance company paid the provider, and how much the patient still owes to the provider. However, this is not a bill. The provider then sends the patient a bill and the patient is responsible for paying the provider. Unfortunately, it can be hard to figure out what is being billed, because the procedures are listed as codes and often do not have descriptions. Therefore, it is a good idea for patients to request an itemized copy of their medical bill from their provider(s) and review it. By obtaining an itemized bill, patients may find some errors. Patients should check for things such as: the dates on the bill should match the dates they actually received treatment or any other data entry errors. For example, patients may have been charged for 10 x-rays when they only received one. Look for any inconsistencies; if items seem to be excessive or inappropriate for a particular condition, then the provider may be wrong.
- 2) **Request a Copy of the Medical Record and Pharmacy Ledger:** Individuals can request a copy of their medical records and pharmacy ledger. The pharmacy ledger shows all the drugs a patient has been given. The pharmacy ledger, along with their medical records, can give patients a complete picture of their hospital stay. By comparing their medical records and the pharmacy ledger to the itemized hospital bill, patients can also determine if they are being charged for goods or services that they did not receive. Additionally, check for procedures or medications that were ordered, but then cancelled. Patients have a right to copies of all of these things, but they may be charged for reasonable copying expenses.
- 3) **Compare the Bill to the Hospital's Standard Charges:** Some states require that hospitals make their standard charges, regardless of payer type (e.g., private insurance, Medicare, Medicaid, etc.), available to the public for all products and services. This document is typically called the "charge master." Also, some states, such as California, require that uninsured patients with an income below the 350% of the federal poverty level cannot be charged more than the highest amount the hospital would receive for the same care under a public health care program, such as Medicaid. Patients can compare their bills to the hospital's standard charges to make sure they are not being over charged.
- 4) **Look for Items Billed Due to the Hospital's Negligence:** Generally, when a hospital makes an error, the patient usually pays for it. For example, if an x-ray is lost or the results of a blood test are misplaced, those procedures will be redone and the patient will often be billed a second time. Patients may challenge these charges. Also, charges based on delays caused by the hospital can be challenged. For example, in a non-emergency situation, sometimes the hospital's own scheduling needs for tests or surgeries will result in a longer hospital stay for the patient.
- 5) **Hire a Professional Bill Reviewer:** If a patient has tried the techniques above, but still thinks the bill is too high, it might be time to call a professional bill reviewer, also known as a claims assistant professional. This can be helpful if patients have very high medical bills. Bill reviewers have more expertise with standard billing practices. They can check the diagnosis codes to see if a diagnosis has been "upcoded" to a more serious condition than what the medical chart states. They can determine if some charges were added that are already contained in other bundled charges and they have the expertise to know what is beyond the industry standard. Most bill reviewers will also

assist in negotiating with the provider or testifying as experts in collection defense if contracted to do so. However, bill reviewers will charge for their services, so it should make financial sense for the patient.

- 6) **Negotiate a Payment Plan:** Setting up a payment plan with providers can be a good option when (1) the charges are legitimate, (2) an individual can make the payments, and (3) the debt will eventually be paid. If patients pay a portion of a bill, they are essentially agreeing that they owe the amount billed, so make sure to check the charges first before setting up a payment plan. If patients decide negotiating with the hospital or provider is the best avenue, try to work out a reasonable payment plan, or if it is possible, offer the hospital a lump sum. Sometimes, hospitals are more willing to take a lump sum that is less than the total amount owed, than risk going through the collections process to recover money from a patient. Individuals can write out agreements, which both parties sign, for payment plans or lump sum settlements that include removing any negative reports that have been submitted to credit bureaus. Once the debt is paid off, either through a lump sum or at the completion of a payment plan, the provider should send a new statement of account that reflects a zero balance. If no one at the hospital will sign or return an agreement, the individual can write a confirmation letter to the hospital referring to the agreement made and inform the hospital that they must respond within a certain number of days if the information is correct. This should be sent by certified mail.

C. **What Can Individuals Do If They Get a Medical Bill and Did Not Have Health**

**Insurance:** If patients did not have health insurance when they received treatment, they may be able to obtain government-sponsored health insurance, such as Medicare or Medicaid. If they are ineligible for government assistance, consider applying for “free or low-cost care,” “charity care,” or “ability to pay” programs through local hospitals or county programs, or private financial assistance programs.

- (i) **Recently Lost Insurance through Employer:** If patients recently lost their insurance through an employer, they may be able to get COBRA coverage. If patients elect this coverage within 60 days of their involuntary termination of employment, they have to pay the health insurance premiums, which are often high, but may be less expensive than paying a large medical bill. There are also assistance programs that help with COBRA premiums. (See the Health Insurance section above.)

- **Note:** If a patient decides to elect COBRA, even on the 59<sup>th</sup> day, they are still required to retroactively pay the premiums from the date of termination.

⇒ **Example:** If an employee loses their employer-sponsored health insurance coverage on February 28<sup>th</sup>, they have until April 29<sup>th</sup> to elect COBRA coverage (60 days). Upon electing COBRA, the employee is then required to pay the insurance premiums for March and April. However, even if a patient pays these premiums on the 59<sup>th</sup> day, their insurance must retroactively cover anything they would have covered had the patient paid the premiums on the first day of COBRA eligibility.

- (ii) **Retroactive Medicaid:** If a patient is on Medicaid, they may be eligible to collect benefits starting 3 months prior to their application’s acceptance if the patient would have been eligible for these benefits during the retroactive 3 month period.

#### D. Tips for Disputing a Bill:

- 1) **Patients Who Believe Their Health Insurance Should Have Paid:** If patients believe their health insurance company should have paid the bill, and did not, patients can call the plan to determine the reason for nonpayment. The health insurance plan's contact information is usually on the patient's insurance card. The health insurance plan may have refused to pay the bill because of a mistake on the bill. Patients can also contact their providers to double-check that it was billed correctly. If patients are able to resolve the error, then they should check with their health care provider and health insurance company to make sure the bill is paid and that their account is cleared.
  - (i) **Send a Letter to the Health Care Provider:** Sometimes patients need to contact their providers about their bills. It is often helpful to communicate in writing. When patients send a letter to a health care provider, the letter should include:
    - **Specific Information:** Including any information that explains why the patient believes they should not have been billed, or why the bill they received is incorrect.
    - **Details:** Provide as much detail as possible. This is especially important if the individual is getting medical bills for multiple services.
    - **Copy of the Bill:** Include a copy of the bill being disputed so that the provider knows which bill is being disputed.
  - (ii) **Double Check that the Provider Billed the Insurance Company:** If patients have health insurance at the time they received services, make sure the provider submitted the bill to the health insurance company and that the correct billing codes were used.
  - (iii) **Insurance Card on Record:** Patients should send a copy of their insurance card to the provider, and be sure to show that the insurance was effective on the day(s) for which they were billed. If an individual's health insurance company needs a health care provider to fill out forms, send the forms to the provider. Always keep copies of what is sent to the health care provider and the health insurance company.

E. **How to Dispute A Health Insurance Company's Decision:** If a patient disagrees with a decision that their health insurance company has made regarding their coverage, they have the right to appeal that decision. The appeals process varies depending on the state in which they live. For more information, see "Handling Health Insurance Disputes" in the Health Insurance section of this manual.

F. **Financial Assistance Resources to Help Pay Medical Bills:** There are many financial assistance resources available to help patients with their medical bills. Unfortunately, the demand placed on these resources is high. These are just a few of the types of resources available. Some people also engage in fundraising efforts to help with medical expenses. This is a good way to engage family, friends, colleagues, and others in a support network. However, it is important that patients first check to make sure that their fundraising efforts will not disqualify them from eligibility for other income-based benefits, such as Supplemental Security Income or Medicaid. There may also be tax consequences of fundraising, so it may be good to speak with a financial professional or accountant first.

- 1) **Private Financial Assistance Programs:** There are many private financial assistance programs that help patients with expenses, such as Salvation Army, Lutheran Social Services, Jewish Social Services, and Catholic Charities. Look for programs that serve the patient's local community.

- 2) **Non-Profit Programs:** Non-profit organizations such as the American Cancer Society, LIVESTRONG, and the Patient Advocate Foundation also provide patients with financial assistance for various types of treatment expenses.
- 3) **Cancer Specific Programs:** Some programs focus on assisting patients with a certain type of cancer, such as the Leukemia and Lymphoma Society, American Kidney Fund, and Lung Cancer Information Line.
- 4) **Government Benefits Programs:** Government benefits programs include state disability insurance benefits (depending on the state in which the individual lives), Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). These programs provide individuals with income while they have a qualifying disability and are unable to work. Please note that the eligibility requirements for these programs vary, and not all programs have income and asset restrictions. See the Disability Insurance chapter of this manual for more information.
- 5) **Pharmaceutical Assistance:** Many pharmaceutical companies offer prescription drugs at reduced costs through a patient assistance program. For example, since 1985, Genentech has donated approximately \$1.3 billion to uninsured individuals through their Access Solutions program. See the CLRC handout, “National Prescription Drug Assistance” for other available programs.<sup>161</sup> Some states and organizations also have prescription assistance programs. Additionally, patients can ask their doctors if generic alternatives are available and appropriate. Patients can also check into prescription drug mail order options, which can sometimes be less expensive.
- 6) **Local Service Organizations:** Local service organizations such as Kiwanis, Rotary Club, or Lions Club may also provide patients with financial assistance.

### III. **CONSEQUENCES OF LATE PAYMENTS**

- A. **Understanding Medical Debt:** It is important to prioritize medical debt. Medical debt is unsecured debt and it should never be paid before secured debt or expenses such as food, housing costs (e.g., rent or mortgage), utilities, or car payments. Paying for rent or food is more important than paying a hospital bill because if individuals do not pay the rent or mortgage, they will lose their homes. Individuals should also be very careful about converting medical debt into secured debt, for example, by taking out a second mortgage to pay for medical bills, especially when their medical bills have been sent to collections. This is important because once their medical bills have been sent to collections their credit has been impaired.
- B. **Inability to Continue Receiving Care From a Facility:** Once individuals acquire medical debt, they may encounter an inability to continue receiving care from that particular facility or provider. Access to future care may be affected if they live in a rural area, where there is only one clinic or hospital where they can receive treatment.
- C. **Negative Credit Report:** The status of individuals’ charge accounts, loans, and payments to creditors are contained in a file known as a credit report, which can affect their ability to get loans, buy a car or house, etc. If they fall behind with their financial obligations, their creditors may turn over the debt to a collection agency. Debt collection agencies are permitted to take reasonable steps to enforce and collect payment. There are state and

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<sup>161</sup> [www.disabilityrightslegalcenter.org/about/documents/NationalPrescriptionDrugAssistance2011.pdf](http://www.disabilityrightslegalcenter.org/about/documents/NationalPrescriptionDrugAssistance2011.pdf)

federal laws that ensure that debt collectors treat individuals fairly and do not harass them. See below for more information.

**D. Collection Suit and Garnishment of Wages:** If individuals are unable to secure a payment plan, they may be sued in court for any outstanding debts. The California Code of Civil Procedures §695.010 sets forth what may be taken in the enforcement of a money judgment. A creditor may be able to get an order requiring individuals' employers to withhold a portion of their wages to pay their debts. This is known as wage garnishment.

**1) Limitations to Wage Garnishment:**

(i) Unless an exception applies, the amount of garnished wages may not exceed the lesser of the following:

- 25% of the individual's weekly disposable earnings, or
- The amount by which an individual's disposable earnings is greater than 30 times the federal minimum wage, which is currently \$8 per hour.<sup>162</sup>  
⇒ This means that disposable earnings over \$240 per week (\$8 x 30) may be garnished.
- "Disposable Earnings:" The amount of earnings that remains after any amounts required by law (e.g., state and federal taxes) are deducted.<sup>163</sup>

(ii) Hospital or their collection agencies are prohibited from using wage garnishments for patients who qualify for discount or charity care.<sup>164</sup>

**2) Secured Loans:** If individuals have an item that they bought with a secured loan (e.g., a car), the creditor may take the item if they cannot pay their bill.

**E. Repossession and Foreclosure:** If individuals are in financial trouble with their home mortgage, they may lose their home through foreclosure. A foreclosure is a sale where the land is sold to satisfy the debt in whole or in part. Individuals should first contact their lender to find out if they can refinance their mortgage to lower their monthly payments or if there is a deferred payment program. Individuals must be given notice before a lender may foreclose on their home. They should consult their deed of trust to determine what type of foreclosure procedures their lender has included.

#### **IV. LAWS THAT PROHIBIT HARASSING DEBT COLLECTION PRACTICES**

**A. State and Federal Laws:** State and federal laws were enacted to ensure that debt collectors treat individuals fairly and do not harass them. The Federal Fair Debt Collection Practices Act (FDCPA, 15 U.S.C. §1692-1692p), and California's Rosenthal Fair Debt Collection Practices Act (CA Civil Code §1788-1788.33) protect consumers from harassing collection practices by collection agencies and creditors.

**1) Creditor vs. Debt Collector:** A creditor is different from a debt collector. A creditor is someone who extends credit to individuals. A creditor may contract with a debt collector, usually a collection agency, to collect individuals' debt if they become delinquent. The FDCPA pertains only to "debt collectors" because creditors are not included in the definition of "debt collector" under federal law; so creditors do not have

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<sup>162</sup> 15 USCS § 1673(a).

<sup>163</sup> 15 USCS § 1672(b).

<sup>164</sup> Cal. Health & Safety Code § 127425(f).

to follow the requirements of the FDCPA. Under California law, however, “debt collector” includes “any person who, in the ordinary course of business, regularly, on behalf of himself or herself or others, engages in debt collection.” So, a creditor may be covered by California law if the creditor regularly collects debts owed on their behalf instead of using a debt collector.

- 2) **Procedures for Debt Collection:** A debt collector must initially send individuals a notice containing the amount of debt owed and the name of the creditor it is owed to. Individuals have 30 days to dispute that the debt is valid or to pay it. If individuals notify the debt collector in writing that the debt is disputed or request the name and address of the original creditor, the debt collector must discontinue collection activities and communications until he or she provides a verification of the debt and/or the requested creditor information to the individuals. Furthermore, if debt collectors contact a third party, they can only ask the third party for the individuals’ contact information (address, place of employment, and phone number) and are not allowed to disclose that the individuals owe money or contact the third party more than once, unless there is reasonable belief that the third party has been untruthful or to correct incomplete information previously obtained.
- 3) **Harassment:** Debt collectors are not allowed to harass individuals, make false statements, or engage in unfair practices. This means, individuals should not be contacted at inconvenient times or places (generally, before 8 a.m. and after 9 p.m.), debt collectors cannot tell them that they will be put in jail for not paying their bills, threaten to publish their names on a list of “deadbeat” consumers, threaten to sue them when the debt collector have no such intention, use obscene language and/or threats of violence, or engage in deception to makes them accept collect phone calls or to attempt to collect any debt. Furthermore, if individuals have an attorney, the debt collector must contact the attorney instead of them. Debt collectors also cannot contact individuals at work if collector knows that the individuals’ employer disapproves of such contact. Individuals can also request that the debt collector stop contacting them by sending them a cease and desist letter, at which point the debt collector can only contact the individuals to inform them that there will be no further contact, that they may take legal action against the individuals, or that they are taking specific legal action against them.
  - (i) **Unfair Debt Collection:** A debt collector engaging in prohibited debt collection practices can be sued in state or federal court. If individuals believe a debt collector has engaged in unfair debt collection, they can file a report with the Federal Trade Commission. Individuals can also call the State Attorney General’s Public Inquiry Unit to report harassing debt collectors.
  - (ii) See **APPENDIX M1** for a sample “Notice to Cease and Desist Communication” letter.

## V. **WHAT TO DO IF AN INDIVIDUAL CANNOT PAY THEIR BILLS**

If an individual’s income has been significantly reduced and/or they are having difficulty paying their bills, there are services available to help people sort out their finances.

- A. **Hire a Professional:** If a patient cannot pay their bills, they can hire an accountant, lawyer, or financial planner to help solve their personal finance issues. They can also contact the Consumer Credit Counseling Services (CCCS), a national non-profit organization that helps

people solve personal finance issues. A counselor at the CCCS will evaluate the patient's situation, their budget, their debts, and set up a plan to help them prepare for the future.

B. **File for Bankruptcy:** Another option is filing for bankruptcy. A patient can file for two kinds of bankruptcy – Chapter 7 or Chapter 13. Based on the type of bankruptcy filed, patients will be able to either cancel or “discharge” their debt or reorganize their debt to create an affordable payment plan.

1) **Chapter 7 Bankruptcy:** Also called “liquidation bankruptcy,” Chapter 7 forgives most debts that are not secured by collateral or property while allowing an individual to retain certain exempt assets. Under a Chapter 7 bankruptcy, a court appointed trustee takes possession of a patient's non-exempt property, arranges for its sale or liquidation and is responsible for paying as many of the debts as possible with the proceeds. Generally, under Chapter 7, most unsecured debts are dischargeable and do not have to be paid back.

2) **Chapter 13 Bankruptcy:** A Chapter 13 bankruptcy, which is also called “reorganization” or “repayment” bankruptcy, is an option if the patient has a source of dependable income but they are unable to pay their debts. Filing for Chapter 13 bankruptcy allows the patient to pay their debts in installments over an agreed-upon period. The court must approve their plan to repay all or part of the money they owe (including unsecured debt, including credit cards). Under Chapter 13, a debtor proposes a 3-5 year repayment plan to the creditors, and the court approves the plan.

3) **Which Bankruptcy is Right?:** Previously, filers could choose the type of bankruptcy that seemed best for them – and most chose Chapter 7 (liquidation) over Chapter 13 (repayment). However, recent laws prohibit some individuals with high incomes from using Chapter 7. Accordingly, the first step in figuring out whether an individual can file for Chapter 7 is to measure their “current monthly income” against the median income for a household of their size in their state. If their income is less than or equal to the median, they can file for Chapter 7. If it is more than the median, however, they must pass the “means test”, another requirement of the new law in order to file for Chapter 7. The purpose of the test is to figure out whether an individual has enough disposable income, after subcontracting certain allowed expenses and required debt payments, to make payments on a Chapter 13 plan. If the income that is left over after these calculations is below a certain amount, an individual can file for Chapter 7. Before deciding to file for bankruptcy, an individual should always consult with an attorney.

(i) **Note:** if individuals have incurred recent credit card debt to pay for medical bills, they will probably not be dischargeable through a bankruptcy action. Individuals should consult with an attorney before deciding to file for bankruptcy.

## VI. RESOURCES

<p><b>For information about Hill-Burton facilities:</b>          Hill-Burton          (800) 638-0742  <a href="http://www.hrsa.gov/hillburton/default.htm">www.hrsa.gov/hillburton/default.htm</a></p>	<p><b>For credit counseling information:</b>          Consumer Credit Counseling Service          (CCCS)          (800) 873-CCCS  <a href="http://www.cccsintl.org">www.cccsintl.org</a></p>
<p><b>For a list of Hill-Burton facilities:</b>  <a href="http://www.hrsa.gov/getthehealthcare/affordable/hillburton/facilities.html">www.hrsa.gov/getthehealthcare/affordable/hillburton/facilities.html</a></p>	

<p><b>For possible legal assistance with bankruptcy:</b>  American Bar Association  (800) 285-2221  <a href="http://www.abanet.org/legalservices/lris/directory">www.abanet.org/legalservices/lris/directory</a></p>	<p><b>For assistance with tax preparation and counseling:</b>  Volunteer Income Tax Assistance (VITA)  (800) 285-2221  <a href="http://www.abanet.org/lisd/vita">www.abanet.org/lisd/vita</a></p>
<p><b>To report a debt collector or file a consumer complaint:</b>  Federal Trade Commission  (877) FTC- HELP  <a href="http://www.ftc.gov">www.ftc.gov</a></p>	<p><b>For possible legal assistance with bankruptcy:</b>  American Bar Association  (800) 285-2221  <a href="http://www.abanet.org/legalservices/lris/directory">www.abanet.org/legalservices/lris/directory</a></p>