

# **HOW TO ENSURE YOUR TREATMENT GETS PAID FOR**

## **INTRODUCTION:**

There are a few simple steps that you can take to help ensure that your health care treatment is paid for by your health insurance policy. First, tell your doctor, hospital and other providers if you have health insurance. Also, tell them if you have more than one kind of insurance. If you are in a managed health care plan (e.g.: an HMO or PPO), read your evidence of coverage booklet that explains the rules of your health plan and before you make an appointment, make sure your insurance will cover the services you need. Some services require “pre-authorization” from your insurance company, which can take some time.

Always take your insurance card to health care appointments and to the pharmacy. Show your card to the staff, so they have current information on which plan to bill. This will let them know to send the bills to your health plan. Ask them to make a copy of your insurance card if they do not have one on record. Additionally, keep your information current. Also, make sure that your health care providers have your current address and contact information, including your doctor, your Medi-Cal worker (if you have one), and your health plan. It is also important to ensure that all of your providers are covered by your plan before you receive care (e.g., your radiologists, pathologists, and anesthesiologists). For instance, if you are having surgery, your hospital and surgeon may take your insurance but your anesthesiologist may not.

If you do not have health insurance, check to see if you can get your medical bills covered by an outside source, or if you are eligible for Medi-Cal or Medicare or another government-sponsored health care program. If you recently lost insurance through an employer, you may be able to get COBRA coverage.

If you are not eligible for a government-sponsored health care plan, apply for assistance through programs such as Hill-Burton or Ability to Pay programs at local hospitals. Hill-Burton is a program through which hospitals receive money for construction and modernization from the federal government. Hospitals that receive Hill-Burton funds are required by law to provide a reasonable volume of services to people who cannot afford to pay for their hospitalization. Further information about Hill-Burton is below.

Finally, do not sign anything that you do not understand. If you do, you may be agreeing to pay for services and treatments without knowing it. You should ask your doctor or provider questions about any forms – they expect it!

## **I. BEFORE TREATMENT**

### **A. Tips to Avoid Medical Debt:**

- 1) **Check which Providers and Services are Covered by Your Health Plan Before Making an Appointment:** If you are in a managed health care plan (HMO or PPO), read your Evidence of Coverage (EOC) booklet that explains the rules of your health insurance plan. You should also review any preferred provider lists to see which providers are covered by your plan. This information can often be found online. Before you make an appointment,

make sure that your insurance plan will cover the services you need. You should have a Summary of Benefits from your plan which tells you which services are covered. Some services require “pre-authorization” from your health insurance company before you receive services, which can take some time. Talk to your providers to see if they can alert you to any need for pre-authorization from your insurance company for a particular service or treatment.

- 2) **Tell Your Doctor if You Have Health Insurance:** Tell your doctor, hospital, and other providers if you have health insurance. If you have more than one kind of insurance, be sure to let them know. Some people have both Medicare and Medi-Cal, for example. Another example is supplemental insurance. These are additional health insurance policies that some people purchase to cover services, co-pays, deductibles, etc., that are not covered by the person’s primary health insurance plan. It is a good idea to ask your doctor if they will pass on your insurance and contact information to secondary providers, such as laboratories or imaging facilities.
- 3) **Take Your Insurance Card to Doctor’s Appointments and to the Pharmacy:** Always take your insurance card to any health care appointments and to the pharmacy. Make sure that you give your card to the staff when you check in for your appointment or pick up your prescription. This is how they will know to send your bills to your health insurance company. Ask the person who is assisting you to make a copy of your insurance card, if they do not ask to do so.
- 4) **Keep Your Contact Information Current:** Make sure that your health care providers have your current contact information, including your address and a phone number where you can be reached. Your health care providers can include your doctor, your pharmacy, your Medi-Cal worker (if you have Medi-Cal), and your health insurance plan. Ask your health care provider to pass your contact information along to secondary providers like laboratories or imaging facilities.
- 5) **Look into Getting Your Medical Costs Covered by an Outside Source:** If you do not have health insurance, look into getting your medical costs covered by an outside source and/or apply for available health insurance programs.
  - (i) **Medi-Cal:** To qualify for Medi-Cal you must have limited income and limited resources, and be over 65 or have a disability. If you are receiving Supplemental Security Income (SSI) you are also eligible for Medi-Cal. Eligibility for Medi-Cal can be retroactive for up to three months, beginning in the month before you file your application. However, you must have been financially eligible for Medi-Cal for each month you are requesting retroactive eligibility.
    - In addition, if you do not qualify for Medi-Cal, California has a “share of cost” program that requires you to pay a certain amount of money before Medi-Cal will pick up your health care expenses. You can call

the California Department of Health Services at 800-952-5294 to see if you qualify for Medi-Cal or Medi-Cal's "share of cost" program.

- (ii) **Medicare:** You qualify for Medicare if you are 65 or older and entitled to Social Security retirement benefits. In addition, people who have been receiving Social Security Disability Insurance benefits for over 24 months, are eligible for Medicare even if they have not yet reached age 65.
  - (iii) **COBRA:** If you recently lost health insurance coverage through an employer, you may be able to get COBRA coverage. COBRA lets you keep your health insurance plan after you leave a job, have your work hours reduced, or after you lose insurance you had through your spouse's or parent's job, if you elect this coverage within 60 days. If you choose to elect COBRA coverage, you will have to pay the monthly health insurance premiums. While these premiums can be expensive, they are likely to be less than paying a large medical bill.
  - (iv) **MRMIP:** California's Major Risk Medical Insurance Plan (MRMIP) is available to people who do not qualify for other insurance due to a preexisting medical condition. Although people with MRMIP coverage are responsible for paying premiums for the coverage, the premiums are often less expensive than the full cost of all of a person's medical expenses, particularly if they have a serious illness.
- 6) **Apply for Free Care or Charity Care:**
- (i) **Hill-Burton:** In 1946, Congress passed a law that gave hospitals, nursing homes and other health facilities grants and loans for construction and modernization. In return, they agreed to provide a reasonable volume of services to people unable to pay and to make their services available to all people residing in the facility's area. This is known as the Hill-Burton program. You can check the U.S. Department of Health & Human Services (HHS) Health Resources and Services Administrations website, <http://www.hrsa.gov/hillburton/default.htm>, to find a Hill-Burton facility near you. You may be eligible for Hill-Burton reduced-cost care if your income is up to two times the amount of the annual HHS poverty guidelines (or three times for nursing home care).
  - (ii) **AB774:** California's Payer's Bill of Rights requires that hospitals provide information on their charity care and financial assistance policies to uninsured persons. They must also provide an application if requested. In addition, AB 774 requires hospitals to post notices with information about the hospital's financial assistance programs in commonly used areas and must have written financial assistance policies with eligibility criteria. You should apply as early as possible for charity care programs to avoid any future debt collection problems. If the bill has already gone to a collections agency, ask the hospital to rescind it if financial assistance is granted.
  - (iii) **CMSP & MIA Programs:** County residents who have no other way to pay for health care may be able to get services through County Medical Services Programs or Medically Indigent Adult Programs. You can find

information about these programs by contacting your local county health department. If you were not told about your county program prior to receiving health services, ask the hospital or clinic that is sending you a bill, why you were not screened for these programs.

- **Note:** Other health care providers may offer free or reduced-cost care for persons meeting their program's particular requirements. Check for providers that offer free or sliding-scale services in your area. Also, some pharmaceutical companies offer prescription drugs at reduced cost through a patient assistance program. Other ways to reduce prescription drug costs include asking for generic alternatives, and checking into mail order options.

- 7) **Always Read Health Forms Carefully Before You Sign Them:** Do not sign anything that you do not understand. If you do, you may be agreeing to pay for services and treatments without knowing it. It is okay to ask your doctor or provider questions about any forms that you are being asked to sign.

## II. AFTER TREATMENT

- A. **Strategies for Reading and Negotiating Hospital Bills:** It is important to carefully scrutinize medical bills because most hospital bills contain both billing errors and items that are priced far beyond their cost, and thus become a cause of medical debt.
  - 1) **Request an Itemized Copy of Your Medical Bill and Review It:** Usually patients are sent a summarized version of the hospital bill stating a few broad categories of charges and the total cost. However, by obtaining an itemized bill, you may find some more obvious errors. Make sure the dates noted on the bill match the dates you actually received treatment. Days on hospital bills are sometimes rounded up, or, sometimes there are just date errors. Check to make sure there are no absurd data entry errors such as numbers with zeros added on, transposed numbers, or duplicate listings of major procedures. If the other items seem to be excessive or inappropriate for your particular condition, do you remember receiving those services? If not, ask for clarification.
  - 2) **Request a Copy of Your Medical Record and Pharmacy Ledger:** Compare your medical records to your bills. Look for procedures that are billed for, but not in your medical records, or billed for more times than they are listed in your records. Look for procedures or medications that were ordered and then cancelled, but are still listed on your bill. Look for medications or other items that were ordered, but that you refused prior to receiving. Confirm that any operating room time billed is not for longer than the surgery actually lasted. Patients have a right to copies of all of these documents, but may be charged for reasonable copying expenses.
  - 3) **Compare the Bill to the Hospital's Standard Charges to Determine if There are Overcharges:** California's Payer's Bill of Rights (AB 774) requires hospitals to make their standard charges available to the public for all products and services in a document called a "chargemaster." This

information must be available, either at the hospital, or through the Office of Statewide Health Planning and Development (OSHDP). The pricing listed in the chargemaster should not be significantly different from your hospital bill. Also AB774 requires that uninsured patients with income below 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 like Medicare or Medi-Cal.

- 4) **Look for Items Billed Due to the Hospital's Negligence:** Generally, when a hospital makes an error, the patient is asked to pay 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 be billed. You may challenge these charges. Also, charges based on delays caused by the hospital should be challenged. For example, in a non-emergency situation, sometimes the hospital's own scheduling needs for tests or surgeries will result in longer hospital stays.
  
- 5) **Obtain the Services of a Professional Bill Reviewer:** A professional bill reviewer can offer expertise with finding errors in standard billing practices and experience negotiating a payment plan. If you have tried these techniques on your own, and still think your bill is too high, you may want to consider calling a professional bill reviewer, also known as a claims assistant professional. You should take this step if lowering the amount of the bill will actually make a difference in your situation. (For example, if you are in debt and are being sued, or if negotiating a payment plan may actually be possible, but you have already done everything you can think of to lower the bill.)
  - (i) If you cannot readily find errors, bill reviewers can:
    - Check the diagnosis codes to see if an ailment has been "upcoded" to a more serious condition than what your medical record states;
    - Determine if some charges were added that are already contained in other bundled charges; and
    - Have the expertise to know what is beyond the industry standard. Most bill reviewers will also assist in negotiating with the provider or testify as experts in collection defense suits, if hired to do so.
  
  - (ii) Remember to ask about fees up front to make sure you know what you are getting for your money. It is recommended to look for someone that charges by the hour rather than a flat fee because if you cannot pay your bills in the first place, you will not be able to pay this either. Bill reviewers often charge around \$280 an hour. Companies may also bill in increments of time. For example, review of a typical emergency room bill could potentially total in the range of \$28-\$84.
  
- 6) **Negotiate a Payment Plan:** Setting up a payment plan with your provider can be a good option when the charges are legitimate, you can make the payments, and the debt will eventually be paid. You may want to consult with a consumer attorney for advice prior to negotiating a payment plan. You may also want to contact a Consumer Credit Counseling Service for assistance with negotiating a plan. Remember, when you pay a portion of a bill, you

may be agreeing that you owe the amount billed. Make sure you check the charges before setting up a payment plan. Setting up a payment plan will often keep the provider from sending your account to a collections agency and prevent a negative mark on your credit.

- (i) **Compare debt to resources:** In determining whether to pay a portion of the debt, it is necessary to compare the size of the debt to your resources, and consider factors such as whether your income and assets are exempt from being collected in the event of a judgment. Consumer attorneys can provide more information on this issue.
- (ii) **Reasonable Plan:** If you decide negotiating with the hospital is the best avenue, try to work out a reasonable payment plan, or if it is possible, offer the hospital a lump sum payment. You can write out agreements which both parties sign for payment plans or lump sum payments that include removing negative reports to credit bureaus. This is a good idea so that once the debt is paid off, either through a lump sum or the completion of a payment plan, the provider will send a new statement of account that reflects a zero balance. If no one at the hospital will sign or return an agreement, you can write a confirmation letter to the hospital referring to the agreement made and informing the hospital they must respond within a certain number of days if the information is correct. This should be sent by certified mail.

#### **B. Tips for Disputing a Bill:**

- 1) **If You Believe Your Health Insurance Plan Should Have Paid Your Bill:** If you believe your health insurance plan should have paid the bill, and did not, call your plan to find out why. Your health insurance plan's phone number is usually on your insurance card. Your health insurance plan may have refused to pay the bill because of a mistake on the bill. If you are able to resolve the mistake, then you should call your health care provider and health insurance plan to make sure the bill is actually paid and that your account is cleared.
- 2) **Send a Letter to the Health Care Provider Who Billed You:** When you send a letter to your health care provider, you should include any information that explains why you believe you should not have been billed, or why the bill you received is incorrect. Provide as much detail as possible. This is especially important if you are getting hospital bills for many services. You should also include a copy of the bill you are disputing so that the provider knows the bill to which you are referring. If you had health insurance at the time you received services, make sure the provider submitted the bill to your health insurance company. Send a copy of your insurance card to your provider, and be sure to show that the insurance was effective on the day(s) for which you were billed. If your health insurance company needs your health care provider to fill out forms, send the forms to the provider. Always keep copies of what you send to your health care provider.
  - (i) **Treatment not covered:** If your insurance company has suggested that a treatment you have received or asked to receive is not covered by your plan because it is not medically necessary, you should get a letter from

your doctor stating why the treatment is medically necessary, and send the letter to your insurance company.

- 3) **File a Grievance:** Look at the Summary of Benefits from your insurance company to find out how to file a grievance with the company. The complaint or grievance should be in writing. If the plan does not resolve your grievance within 30 days, or if you disagree with the company's final decision, you can file a complaint with the California Department of Managed Health Care (DMHC) or Department of Insurance. (See below for more information on how to seek external review of your health plan's decision.)

**C. How to Dispute Your Health Insurance Company's Decision:** If you disagree with a decision that your health insurance company has made regarding your coverage, you have the right to appeal that decision. The appeals process varies depending on the state in which you live. In California, you must first exhaust your health plan's internal appeals process, and then you can request an external review of the decision.

- 1) **Understand Your Coverage and Applicable Laws:** Before you begin an appeal, you should understand your coverage and applicable laws. Different laws apply to different types of health plans.
  - (i) **Employer-sponsored plan vs. individual plan:** An employer-sponsored health plan is one that a person can get through their own employment or through a family member's employment. The employer may make a contribution toward the cost of the employee's coverage. An individually-purchased plan is one that you purchase directly from a health plan. The person purchasing the insurance pays the entire premium. Different laws apply depending on whether your plan is employer-sponsored or individually-purchased.
  - (ii) **Self-insured plan:** A self-insured plan is one in which an employer does not contract with an insurance company to insure their employees. Instead, the employer does their own risk pooling like an insurance company would, and pays directly for their employees' health costs. Since self-insurance does not involve a contract between an insurance company and an employer, it is not subject to state insurance regulations. Federal laws still apply to self-insured plans. Know what is covered and what is not covered by your plan. You should also know what procedures and deadlines are required by your plan.
- 2) **Exhaust Your Plan's Internal Appeals Process:** If you have a problem with your health plan, you have the right to file a complaint with your health plan. A complaint can also be called a grievance or an appeal. You may be able to file your complaint by phone, mail, or the internet. If you need assistance finding your plan's contact information, you can go to the DMHC's website ([www.hmohelp.ca.gov](http://www.hmohelp.ca.gov)), type in the name of your plan, and get your plan's information. You must exhaust your plan's internal grievance process before you may pursue external review through the DMHC or the Department of Insurance.

(i) If your problem is not urgent, your health plan must give you a decision within 30 days. If your problem is urgent, meaning there is a serious threat to your health, your health plan must give you a decision within 3 days.

3) **Request External Review:** You can file a complaint with the DMHC or the Department of Insurance (depending on which type of plan you have) if you are not satisfied with your health plan's decision, if you have not received the plan's decision within 30 days, or if the problem is urgent. The DMHC oversees HMOs and all Blue Cross and Blue Shield plans. The Department of Insurance oversees all other private health plans.

(i) **Independent Medical Review (IMR):** In California, you have the right to receive an external review of your plan's decision, called Independent Medical Review (IMR). IMR decisions are based on the medical necessity of the treatment and are binding on the plan. Complaint forms are available on the DMHC website and on the Department of Insurance website. See both websites for more information on the types of decisions that can be appealed.

**D. Financial Assistance Resources to Help Pay Your Remaining Medical Bills:**

- 1) **Private Financial Assistance Programs:** There are many private financial assistance programs, such as Salvation Army, Lutheran Social Services, Jewish Social Services, and Catholic Charities. Look for programs that serve your community.
- 2) **Local Service Organizations:** Local service organizations such as Kiwanis, Rotary Club or Lions Club may provide financial assistance.
- 3) **Non-Profit Programs:** Non-profit organizations such as the American Cancer Society, the Lance Armstrong Foundation, Patient Services, Inc., and the Patient Advocate Foundation also provide assistance.
- 4) **Cancer Specific Programs:** Some programs are designed to assist people with a certain type of cancer, such as The Leukemia & Lymphoma Society, The American Kidney Fund, and The Lung Cancer Information Line.
- 5) **Government Benefits Programs:** Government benefit programs include state disability insurance benefits (depending on the state in which you live), SSI and SSDI. These programs provide you with income while you 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.

**III. CONSEQUENCES OF LATE PAYMENTS**

A. **Understanding Your 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 you do not pay the rent or mortgage, you will lose your home. You

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 your medical bills have been sent to collections. This is important because once your medical bills have been sent to collections your credit has been impaired.

- B. **Inability to Continue Receiving Care From a Facility:** Once you acquire medical debt, you may encounter an inability to continue receiving care from that particular facility. Access to future care may be affected if you live in a rural area, where there is only one clinic or hospital where you can receive treatment.
- C. **Negative Credit Report:** The status of your charge accounts, loans, and payments to creditors are contained in a file known as a credit report, which can affect your ability to get loans, buy a car or house, etc. If you fall behind with your financial obligations, your 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 federal laws that ensure that debt collectors treat you fairly and do not harass you. See below for more information.
- D. **Collection Suit and Garnishment of Wages:** If you are unable to secure a payment plan, you may be sued in court for any outstanding debts. The California Code of Civil Procedures §695.101 sets forth what may be taken in the enforcement of a money judgment. A creditor may be able to get an order requiring your employer to withhold a portion of your wages to pay your debts. Currently, wages over \$154.50 per week can be garnished if no exceptions apply. Hospital or their collection agencies are prohibited from using wage garnishments for patients who qualify for discount or charity care. Additionally, if you have an item that you bought with a secured loan (e.g., a car), the creditor may take the item if you cannot pay your bill.
- E. **Repossession and Foreclosure:** If you are in financial trouble with your home mortgage, you may lose your home through foreclosure. A foreclosure is a sale where the land is sold to satisfy the debt in whole or in part. You should first contact your lender to find out if you can refinance your mortgage to lower your monthly payments or if there is a deferred payment program. You must be given notice before a lender may foreclose on your home. You should consult your deed of trust to determine what type of foreclosure procedures your 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 you fairly and do not harass you. 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 §1788-1788.3) 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 you. A creditor may contract with a debt collector, usually a collection agency, to collect your debt if you 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 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 you a notice containing the amount of debt owed and the name of the creditor it is owed to. You have 30 days to dispute that the debt is valid or to pay it. Once you have done this, the debt collector cannot contact you again until you are sent proof that the debt is valid. However, if they contact a third party, debt collectors can only ask the third party for your contact information (address, place of employment, and phone number) and they are not allowed to disclose that you owe money or contact them 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 you, make false statements or engage in unfair practices. This means, you should not be contacted at inconvenient times or places (generally, before 8 a.m. and after 9 p.m.), they cannot tell you that you will be put in jail for not paying your bills, threaten to publish your name on a list of “deadbeat” consumers, threaten to sue you when they have no such intention, use obscene language and/or threats of violence or engage in deception to make you accept collect phone calls or to attempt to collect any debt.) If you have an attorney, the debt collector must contact the attorney instead of you. You cannot be contacted at work if you inform the collector that your employer disapproves of such contact. You can also request that the debt collector stop contacting you by writing them a cease and desist letter, at which point the debt collector can only contact you to inform you that there will be no further contact or that they are taking specific legal action against you.
  - (i) **Unfair Debt Collection:** If you believe a debt collector has engaged in unfair debt collection, you can file a report with the Federal Trade Commission. A debt collector engaging in prohibited debt collection practices can be sued in state or federal court. You can also call the State Attorney General’s Public Inquiry Unit to report harassing debt collectors.

## V. WHAT TO DO IF YOU CANNOT PAY YOUR DEBTS

- A. **Hire a Professional:** If you have faced a significant reduction in your income and you cannot pay your bills, you can hire an accountant, lawyer or financial planner to help you solve your personal finance issues. You can also contact the Consumer Credit Counseling Service (CCCS), a national non-profit organization that helps people in all segments of the community solve personal finance issues. A counselor at the CCCS will evaluate your situation, your budget, and your debts, and set up a plan to help you prepare for the future.

- B. **File for Bankruptcy:** Another option is filing for bankruptcy. You can file for two kinds of bankruptcy – Chapter 7 or Chapter 13. Based on the type of bankruptcy you file, you will be able to either cancel or “discharge” your debts or you will reorganize your debts 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 your non-exempt property, arranges for its sale or liquidation and is responsible for paying as many of your 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 you have a source of dependable income but are unable to pay your debts. Filing for Chapter 13 bankruptcy allows you to pay your debts in installments over an agreed-upon period. The court must approve your plan to repay all or part of the money you owe (including unsecured debts – this includes credit cards). You generally may keep all of your property as long as you continue to pay the installments. 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 for You:** 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 law prohibits some filers with higher incomes from using Chapter 7. Accordingly, the first step in figuring out whether you can file for Chapter 7 is to measure your "current monthly income" against the median income for a household of your size in your state. If your income is less than or equal to the median, you can file for Chapter 7. If it is more than the median, however, you 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 you have enough disposable income, after subtracting 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, you can file for Chapter 7. Before deciding to file for bankruptcy, you should consult with an attorney.
    - (i) **Note:** If you have incurred recent credit cards debts to pay for medical bills, they will probably not be dischargeable through a bankruptcy action.

**VI. CONTACT INFORMATION**

<p><b>For information about Hill-Burton:</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 hospital “chargemaster” information:</b>          Office of the Statewide Health Planning and Development  <a href="http://www.oshpd.ca.gov/HID/Products/Hospitals/Chrgmstr/index.html">www.oshpd.ca.gov/HID/Products/Hospitals/Chrgmstr/index.html</a></p>
<p><b>To file a complaint with your health plan or request an independent medical review:</b>          Department of Managed Health Care  <a href="http://dmhc.ca.gov/dmhc_consumer/pc/pc_default.aspx">dmhc.ca.gov/dmhc_consumer/pc/pc_default.aspx</a></p>	<p>Department of Insurance  <a href="http://www.insurance.ca.gov/contact-us/0200-file-complaint/index.cfm">www.insurance.ca.gov/contact-us/0200-file-complaint/index.cfm</a></p>

<p><b>To contact the Office of Statewide Health Planning and Development (OSHDP):</b> OSHDP 400 R Street Sacramento, CA 95811 (916) 326-3800 or <a href="http://www.oshpd.ca.gov">www.oshpd.ca.gov</a></p>	
<p><b>To report a debt collector:</b> Federal Trade Commission (877) FTC-HELP</p>	<p>State Attorney General's Public Inquiry Unit (800) 952-5225</p>
<p><b>For credit counseling information:</b> Consumer Credit Counseling Service (CCCS) (800) 873-CCCS <a href="http://www.ccsintl.org">www.ccsintl.org</a></p>	