



What To Do When You Get a Medical Bill

This guide will provide some basic information about what to do if you receive a bill for healthcare services that seems incorrect, unexpected, difficult to afford or where coverage was denied by your health insurance plan. Acting quickly is essential, as health insurance appeals and billing disputes are often subject to strict deadlines.

If you or someone you know has questions about how health insurance works for substance use disorders or mental health call our free helpline at 888-614-5400

Getting a bill in the mail can be confusing and sometimes even a little scary.

The following are some steps you can take if you do get one:

1. How can I tell if a document is a medical bill?

Check and see if it is really a bill or just an Explanation of Benefits (EOB).

An EOB is a document from your insurance plan that explains what services you received, who provided those services, what your plan paid, and what you may owe. An EOB is not a bill, however sometimes an EOB and a bill look similar!

An EOB will come from your insurance company and usually says “This is an Explanation of Benefits” and “this is not a bill” somewhere in the paperwork. A bill will usually not say those things and will typically come from a health care provider or a collections agency.

If the document is an EOB, check to see whether it shows that the provider was in-network or out-of-network with your insurance plan. Does the in-network or out-of-network information concur with your own records and information you were provided? If there are errors on the EOB, you may have the right to appeal your insurance plan’s determination. The EOB should include instructions on how to appeal and include deadlines for doing so.

If it is a bill, you should compare it to any EOB you might have received from your insurance plan.



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2. What should I do when I get a medical bill?

Review the bill and EOB to make sure the following are correct:

- The services received
- The dates of service
- The person who provided the services
- Your insurance information

Some medical bills may be for a co-payment or other cost sharing that you owe from a service you received. Make sure that your health insurance covered the portion of the bill agreed to by your plan contract or schedule of benefits. If you do not have these documents you can find them on your health insurer's website or by calling them. If you have insurance through an employer, you can also ask the employer for these documents.

3. What can I do if I think the bill is wrong?

Sometimes, your health insurance plan hasn't finished processing the claim before a bill is sent out. If you think your insurance should have covered more of the cost or have questions, call them and ask what happened. Use the phone number on the back of your health insurance card and have the date you received the services ready. They can explain what was covered and why you received a bill. If there was a mistake, they can help to fix it. Record the date of the call, the name of the representative you spoke with, and a summary of what you were told. You should also ask for a reference number for the call, and record that as well. Be sure to ask about any deadlines for filing an appeal or correcting a claim.

4. What do I do if my insurance says everything on the bill is right?

If the bill seems wrong or you can't afford to pay it, call the doctor's office or the hospital that sent you the bill.

- If you received the bill from a hospital, you may be eligible for Hospital Financial Assistance.
- In some cases, your healthcare provider may be limited in what they can bill you, depending on your type of coverage and the services provided.
- If the bill involves services from an out of network provider you did not choose, you may have protections under federal or state surprise billing laws.

If these protections don't apply to you, your healthcare provider may be willing to reduce the amount you owe or offer a payment plan. It's always better to reach out than to ignore the bill. During your first call to your healthcare provider, ask them to place the bill on hold and confirm it will not be sent to collections while the issue is being reviewed.



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5. It is important to keep records of what you have done.

Keep track of all your bills, payments, and any conversations you have with your insurance company or healthcare provider. If you received an EOB, keep track of any appeal deadlines, and keep records of any appeals you file. This could help if any issues come up later.

6. Can CHAMP help me understand my bill?

Yes! Give us a call.

When it comes to bills for mental health or substance use disorder healthcare, CHAMP can help you navigate the steps we listed above and more.

Call our helpline at 888-614-5400 or visit our website to find one of our local community-based organizations to visit in person.

Helpful questions to ask your insurance plan:

Q: "Is this service covered under my plan?"

Answer: _____

Q: "What were the CPT codes that the provider billed for?"

Answer: _____

Q: "Was the provider covered as in-network or out-of-network?"

Answer: _____

Q: "Why was my claim denied?"

Answer: _____

Q: "Can you give me a copy of the plan contract/policy/document or plan summary?"

Answer: _____

Q: "Can you send me any clinical guideline or medical necessity criteria used when making a decision?"

Answer: _____

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