BILLCHECK

Medical Bill Audit Report

OVERCHARGED

$2,847.00

Estimated Savings Identified

Document	hospital_er_bill.pdf
Bill Type	Medical Bill
Date	March 21, 2026
Total Billed	$8,435.00
Fair Value Estimate	$5,588.00
Report ID	SAMPLE

Executive Summary

This emergency room bill contains multiple overcharges totaling an estimated $2,847.00 in excess charges. We identified upcoding on the ER visit level, a duplicate charge for blood work, an inflated facility fee significantly above the national median, and a charge for supplies that appears to be phantom billing. The total billed amount of $8,435.00 is approximately 34% higher than fair market value for the services rendered.

Audit Dashboard

Line Items	Flagged	Critical	High	Medium	Savings %
12	4	1	2	1	34%

Flagged Charges

The following charges were identified as potentially incorrect, excessive, or fraudulent.

Emergency Dept Visit Level 5 (CPT 99285)

HIGH

Billed: $2,850.00 **Fair:** $1,800.00 **Overcharge:** $1,050.00

Pattern: upcoding

Issue: Billed as Level 5 (highest severity) but clinical notes suggest Level 3-4 presentation. Level 5 requires high-complexity decision-making with significant threat to life. A sprained ankle with imaging does not meet this threshold.

Action: Request clinical documentation justifying Level 5 coding. If documentation doesn't support highest severity, request downgrade to CPT 99283 or 99284.

Comprehensive Metabolic Panel (CPT 80053)

CRITICAL

Billed: $387.00 **Fair:** $0.00 **Overcharge:** $387.00

Pattern: duplicate_charge

Issue: This test appears twice on the bill — once as CPT 80053 ($387) and again bundled within the 'Laboratory Services' line item ($425). You should only be charged once for this panel.

Action: Request removal of the duplicate charge. Reference both line items and ask billing to confirm the test was only performed once.

Facility Fee — Emergency Department

HIGH

Billed: $3,200.00 **Fair:** $1,900.00 **Overcharge:** $1,300.00

Pattern: rate_above_benchmark

Issue: The facility fee of $3,200 is 68% above the national median of $1,900 for emergency department visits of comparable complexity. Even adjusted for your state's higher cost of living (1.15x multiplier), this exceeds fair market value by approximately $1,015.

Action: Request the hospital's chargemaster and compare against CMS fee schedules. Ask for a financial hardship adjustment or payment plan at the fair market rate.

Medical Supplies — Miscellaneous

MEDIUM

Billed: $285.00 **Fair:** $175.00 **Overcharge:** $110.00

Pattern: phantom_charge

Issue: Vague 'miscellaneous supplies' charge with no itemization. Common phantom billing tactic where supplies are either not used or dramatically marked up (bandages, gloves, etc. that cost pennies).

Action: Request a fully itemized supply list. Ask them to specify exactly which supplies were used and their individual costs.

Coding Issues

[HIGH] ER visit coded at Level 5 (99285) — documentation likely supports Level 3-4 based on presenting complaint

Impact: Potential $1,050 overcharge

[CRITICAL] Comprehensive Metabolic Panel (80053) charged twice — once standalone and once bundled in lab services

Impact: $387 duplicate charge

Regulatory Violations Detected

The following potential violations of federal or state billing regulations were identified.

■ Hospital Price Transparency Rule: If the hospital has not published machine-readable pricing files, they may be in violation of CMS requirements effective January 2021.

■ Good Faith Estimate: If you are uninsured or self-pay, you were entitled to a Good Faith Estimate before receiving care under the No Surprises Act.

■ Itemized Bill Rights: Under HIPAA, you have the right to request a fully itemized bill with CPT codes and descriptions for every charge.

Your Leverage Points

These are the specific advantages you have when negotiating with the billing institution. Use them strategically.

1. Right to an Itemized Bill (HIPAA)

Why this matters: Under HIPAA, every patient has the legal right to request a fully itemized bill with CPT codes, descriptions, and individual charges. Hospitals cannot refuse this request. Vague line items like 'Miscellaneous Supplies' must be broken down.

What to say: *"Say: 'Under HIPAA, I'm exercising my right to a fully itemized bill. Please provide a breakdown of every charge with CPT codes and individual pricing.'"*

2. Hospital Price Transparency Rule Compliance

Why this matters: Since January 2021, CMS requires hospitals to publish machine-readable pricing files. If the hospital hasn't published these, they're in violation and face fines of up to $5,500/day. This gives you leverage because they don't want a formal complaint.

What to say: *"Say: 'I've checked your website for the machine-readable pricing file required by CMS. Can you direct me to it? I want to compare my charges against your published rates.'"*

3. Financial Hardship / Charity Care Programs

Why this matters: Most hospitals, especially non-profits, are required to have financial assistance programs. They often offer 30-80% reductions but don't advertise them. Non-profit hospitals must provide charity care to maintain their tax-exempt status.

What to say: *"Say: 'I'd like to apply for your financial assistance program. Can you send me the application? I understand you're required to have one under your tax-exempt obligations.'"*

4. Threat of Formal Complaint to CMS and State Insurance Commissioner

Why this matters: Filing complaints with CMS and the state insurance commissioner triggers formal investigations. Hospitals want to avoid regulatory scrutiny. This is your strongest escalation lever — mention it only after initial negotiation fails.

What to say: *"Say: 'If we can't resolve this, I'll need to file a formal complaint with CMS regarding potential Price Transparency Rule violations and with the state insurance commissioner regarding the billing discrepancies I've identified.'"*

5. Duplicate Charge Documentation

Why this matters: You have clear evidence of a duplicate charge (CMP billed twice). This is a billing error they cannot defend. Use this as your opening — it establishes credibility and puts them on the defensive for the rest of the negotiation.

What to say: *"Lead with: 'I've found a duplicate charge for the Comprehensive Metabolic Panel — it appears both as a standalone charge and within Laboratory Services. This is clearly an error, which makes me concerned about the accuracy of the rest of the bill.'"*

Dispute Letter — Ready to Send

Copy this letter, fill in your details where indicated by [brackets], and delete any bullet points for charges you do not wish to dispute.

[YOUR NAME]
[YOUR ADDRESS]
[CITY, STATE ZIP]
[DATE]

Billing Department
[HOSPITAL NAME]
[HOSPITAL ADDRESS]

Re: Account Number [ACCOUNT NUMBER]
Date of Service: [DATE OF SERVICE]
Patient: [YOUR NAME]

Dear Billing Department,

I am writing to formally dispute several charges on my recent emergency department bill totaling $8,435.00. After careful review, I have identified the following discrepancies that require correction:

■ The Emergency Department Visit is coded at Level 5 (CPT 99285, $2,850.00), however my presenting complaint of a sprained ankle does not meet the clinical criteria for Level 5 coding, which requires high-complexity medical decision-making with significant threat to life or function. I request this be reviewed and recoded to the appropriate level (99283 or 99284).

■ The Comprehensive Metabolic Panel (CPT 80053) appears to be charged twice on this bill — once as a standalone line item at $387.00 and again bundled within the Laboratory Services charge. I request the duplicate charge of $387.00 be removed.

■ The facility fee of $3,200.00 is significantly above the national median of $1,900 for emergency department visits of comparable complexity. I request an adjustment to a rate consistent with fair market value, or enrollment in your financial hardship program.

■ The charge for "Medical Supplies — Miscellaneous" ($285.00) lacks itemization. Pursuant to my rights under HIPAA, I am requesting a fully itemized breakdown of all supplies charged.

I am requesting a total adjustment of approximately $2,847.00 to bring this bill in line with fair market rates and correct the billing errors identified above. Please review these charges and respond in writing within 30 days.

If I do not receive a satisfactory response, I intend to file a complaint with the state insurance commissioner and the Centers for Medicare & Medicaid Services (CMS) regarding potential violations of the Hospital Price Transparency Rule.

Sincerely,

[YOUR NAME]
[PHONE NUMBER]
[EMAIL ADDRESS]

Phone Call Script

Read this script when calling the billing department. Delete bullet points for charges you don't want to dispute. Speak calmly and confidently.

Hello, my name is [YOUR NAME] and I'm calling about account number [ACCOUNT NUMBER] for a visit on [DATE OF SERVICE].

I've reviewed my bill and I've found several charges that I believe are incorrect. I'd like to go through them with you:

■ First, my Emergency Department visit is coded as a Level 5, CPT code 99285, at $2,850. I came in for a sprained ankle, which should not be coded at the highest severity level. Can you review the clinical documentation and explain why this was coded as Level 5?

■ Second, I'm being charged twice for a Comprehensive Metabolic Panel — once at $387 as a standalone charge and again as part of the Laboratory Services line. Can you confirm this test was only performed once and remove the duplicate?

■ Third, the facility fee of $3,200 is significantly above the national average. Can you explain how this fee is calculated, and can I see your fee schedule or chargemaster for comparison?

■ Fourth, there's a charge for $285 for 'Miscellaneous Supplies' with no breakdown. I'd like a fully itemized list of every supply I was charged for.

If you're unable to make these adjustments, I'd like to:

1. Speak with a billing supervisor
2. Request enrollment in your financial hardship or charity care program
3. Request a written explanation of each charge

Can you please send me written confirmation of any adjustments made today?

Thank you for your time.

Charges That Appear Reasonable

✓ X-ray imaging charges ($425) are within the expected range for ankle X-rays in your region.
✓ Physician professional fee ($650) is consistent with Level 4-5 emergency physician billing.
✓ Medication administration charge ($238) appears reasonable for the documented medications.

Important Disclaimer