billradar

SAMPLE - FICTIONAL DATA

BillRadar report

Sample case · Lakeview Demo Hospital · Made on October 27, 2026

Up to $6,527 may come off your bills

Apply for financial assistance by October 15, 2027. Check this date with the hospital.

Rules: the public Financial Assistance Policy and form of Memorial Regional Hospital (FL; MHS = Memorial Healthcare System), applied to the fictional Lakeview Demo Hospital case.

What we found

You likely qualify for financial assistance · $6,527.07

Household of 3, income $61,000: 223.3% of the poverty guideline. The policy gives 90% off at this level. Sheet 1 has no discount yet.

sheet 1

"Memorial Regional Hospital BALANCES DUE FROM PATIENT INCOME AMOUNT OF DISCOUNT Up to 200% of FPG 100% Discount 201% - 250% of FPG 90% Discount 251% - 300% of FPG 85% Discount 301% - 350% of FPG 83% Discount 351% - 400% of FPG 83% Discount" - Financial Assistance Policy (current public version), page 11

"This means all uninsured patient responsibility amounts as well as insured patient balances after insurance payment. This includes deductibles, coinsurance, copayments, and non-covered charges." - Financial Assistance Policy (current public version), page 3

"in the case of emergency or other medically necessary care, not more than the amounts generally billed to individuals who have insurance covering such care (AGB)" - 26 CFR 1.501(r)-5(a), limit on amounts charged (AGB)

"Refunds to the individual any amount he or she has paid for the care (whether to the hospital facility or any other party to whom the hospital facility has referred or sold the individual's debt for the care) that exceeds the amount he or she is determined to be personally responsible for paying as a FAP-eligible individual, unless such excess amount is less than $5" - 26 CFR 1.501(r)-6, billing and collection

"Takes all reasonably available measures to reverse any ECA (with the exception of a sale of debt and an ECA described in paragraph (b)(1)(iii) of this section) taken against the individual to obtain payment for the care." - 26 CFR 1.501(r)-6, billing and collection

Appeal the denial by Apr 13, 2027

Insurance statement on sheet 2 (Oct 15, 2026) paid nothing on 1 line (code P31). An employer health plan must give you at least 180 days to appeal.

sheet 2, line 1

"Provide claimants at least 180 days following receipt of a notification of an adverse benefit determination within which to appeal the determination;" - 29 CFR 2560.503-1, claims procedure

"In the case of a group health plan that provides for one appeal of an adverse benefit determination, such notification shall be provided not later than 60 days after receipt by the plan of the claimant's request for review of an adverse benefit determination." - 29 CFR 2560.503-1, claims procedure

Worth checking

Not counted in the total. Ask for an itemized bill to confirm.

Apply by Oct 15, 2027

First bill after discharge: sheet 1, Oct 20, 2026. No sheet says 'first bill', so we used the earliest hospital bill we have. This date is 12 months after Oct 15, 2026 (sheet 2).

sheet 1

"Patients or responsible parties can apply for financial assistance for up to one year after the date of service or twelve months after last insurance payment." - Financial Assistance Policy (current public version), page 5

"the application period begins on the date the care is provided and ends on the later of the 240th day after the date that the first post-discharge billing statement for the care is provided" - 26 CFR 1.501(r)-1(b)(3), application period

Ask for the itemized bill

Sheet 1 shows a total without every charge. Line-by-line errors can hide there. A Florida hospital must send the itemized bill within 7 days of your request.

sheet 1

> “Upon request, and after the patient's discharge or release from a facility, the facility must provide to the patient or to the patient's survivor or legal guardian, as appropriate, an itemized statement or a bill detailing in plain language” - Florida Statutes 395.301, 2026

> “The initial statement or bill shall be provided within 7 days after the patient's discharge or release or after a request for such statement or bill, whichever is later.” - Florida Statutes 395.301, 2026

Checked, no money here

Sheet 1 line 2 matches your insurance statement

Both say $412.30. Nothing to dispute here.

sheet 1, line 2 · sheet 2, line 2

Insurance denials you can appeal

Sample Health Plan · claim CLM-7765301 · P31 · $6,840.00

Appeal by April 13, 2027

> “You may file an appeal within 180 days after you receive notice of a denial.” - Sample Health Plan Summary Plan Description, plan year 2026 (SAMPLE), page 4

Letters ready to sign

Request for an itemized statement	To: Patient Financial Services, Lakeview Demo Hospital
Application for financial assistance	To: Patient Financial Services, Lakeview Demo Hospital
Appeal of denied claim CLM-7765301, member ID SHP-000-4417	To: Appeals Department, Sample Health Plan, PO Box 12345, Riverton, ST 12345

Your papers

Paper	Kind	From	Date	Balance
Sheet 1	Statement	Lakeview Demo Hospital	October 20, 2026	$7,252.30
Sheet 2	Insurance statement (EOB)	Sample Health Plan	October 15, 2026	

Model answers in this report were replayed from recordings, not a live run. Amounts and dates are computed by code.
BillRadar helps with hospital bills and insurance. It does not give legal or medical advice. You review and sign every letter.