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MUESTRA - DATOS FICTICIOS

Informe de BillRadar

Caso de ejemplo · Lakeview Demo Hospital · Preparado el 27 de octubre de 2026

Hasta $6,527 podrían descontarse de sus facturas

Solicite la asistencia financiera antes del 15 de octubre de 2027. Confirme esta fecha con el hospital.

Reglas: la política pública de ayuda financiera y el formulario de Memorial Regional Hospital (FL; MHS = Memorial Healthcare System), aplicados al caso ficticio de Lakeview Demo Hospital.

Lo que encontramos

Probablemente califica para ayuda financiera · $6,527.07

Hogar de 3, ingresos de $61,000: 223.3% del umbral federal de pobreza. La política del hospital da 90% de descuento a este nivel. La hoja 1 aún no tiene descuento.

hoja 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), pág. 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), pág. 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.

hoja 2, línea 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

Vale la pena revisar

No se suma al total. Pida una factura detallada para confirmarlo.

Presente la solicitud antes del 15 de octubre de 2027

El último día para pedir la ayuda financiera del hospital. El mínimo federal es el 17 de junio de 2027; la política del hospital da plazo hasta el 15 de octubre de 2027, y cuenta la fecha más tardía.

hoja 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), pág. 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

Pida la factura detallada

La hoja 1 muestra un total sin cada cargo. Ahí pueden esconderse errores por línea. Un hospital de Florida debe enviar la factura detallada dentro de los 7 días posteriores a su solicitud.

hoja 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

Revisado, aquí no hay dinero

Sheet 1 line 2 matches your insurance statement

Both say $412.30. Nothing to dispute here.

hoja 1, línea 2 · hoja 2, línea 2

Rechazos del seguro que puede apelar

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

Apele antes del 13 de abril de 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), pág. 4

Cartas listas para firmar

Solicitud de factura detallada	Para: Patient Financial Services, Lakeview Demo Hospital
Solicitud de ayuda financiera	Para: Patient Financial Services, Lakeview Demo Hospital
Appeal of denied claim CLM-7765301, member ID SHP-000-4417	Para: Appeals Department, Sample Health Plan, PO Box 12345, Riverton, ST 12345

Sus documentos

Documento	Tipo	De	Fecha	Saldo
Hoja 1	Estado de cuenta	Lakeview Demo Hospital	20 de octubre de 2026	$7,252.30
Hoja 2	Explicación de beneficios (EOB)	Sample Health Plan	15 de octubre de 2026	

Las respuestas de los modelos en este informe se reprodujeron de grabaciones, no de una ejecución en vivo. Los importes y las fechas los calcula el código.
BillRadar ayuda con facturas de hospital y seguros. No da consejos legales ni médicos. Usted revisa y firma cada carta.