

Hospital Billing & Financial Assistance Worksheet

- Please note that this form is intended as a guide not as a substitute for advice from an attorney, a qualified financial professional or certified patient advocate.

Use this form as a guide to organize calls, documents, and next steps when you are facing a challenging bill or struggling to pay.

Patient & Account Information

Patient name: _____ DOB: ____ / ____ / ____

Phone: _____ Email: _____

Mailing address:

Hospital/facility name: _____

Hospital phone (billing): _____ Financial counseling: _____

Portal/website login used? Yes No

Account number(s) on bill: _____

Dates of service: ____ / ____ / ____ to ____ / ____ / ____

Location/department (ER, inpatient, surgery, imaging, etc.): _____

Primary insurance plan: _____

Member ID: _____ Group #: _____

Plan type (circle): HMO / PPO / EPO / Medicare / Medicare Advantage / Medi-Cal / Other: _____

Insurance phone (member services): _____

Section A — What You Received (Bills + EOBs)

List every bill you received (one line per bill).

(Include hospital/facility bill + any doctor group bills like anesthesia, radiology, pathology.)

1. From (who billed you): _____ Amount: \$_____ Date on bill: _____

Bill type (circle): Facility / Physician / Lab / Imaging / Ambulance / Other: _____

2. From: _____ Amount: \$_____ Date: _____

Bill type: _____

3. From: _____ Amount: \$_____ Date: _____

Bill type: _____

Do you have the EOB (Explanation of Benefits) for each bill?

Yes, all of them Some None yet

If some/none: date you requested EOB(s): _____

Section B — What You Want to Achieve (check all that apply)

I want to verify/understand the charges

I believe there is an error/duplicate charge

I believe this should be in-network or protected from surprise billing

I received a denial and want to appeal

I want a discount / self-pay review / prompt-pay discount

I want financial assistance/charity care screening

I want an interest-free payment plan

I want the account put on a hold (to prevent collections while reviewing/appealing)

Other: _____

Section C — Key Questions to Ask Billing (use during your call)

Write answers as you go.

1. Please explain what this bill is for in plain language.

Notes: _____

2. Is this the final bill or could more bills arrive (physician groups, labs, imaging)?

Notes: _____

3. Can you send me an itemized bill (line-by-line) with dates and codes?

Requested Received (date: _____)

4. What is the billing status?

Pending insurance Insurance processed Denied Sent to patient

Notes: _____

5. Is this account currently in collections or scheduled for collections?

No Yes (company: _____) Not sure

Request hold placed? Yes No Hold until: //

6. What is the hospital's policy for discounts or financial assistance?

Notes: _____

Section D — “Red Flag” Checklist (reasons to pause before paying)

Check anything that applies:

- The bill does not match the EOB (EOB says you owe less or \$0)
- It lists out-of-network even though you went to an in-network facility
- You were not told you were out-of-network or you had no real choice (ER, on-call)
- You see duplicate charges or confusing line items
- The dates/services don't look right
- Your insurance shows the claim was denied, pending, or needs info
- You are being billed for a service you believe was cancelled/not received
- You were observation/outpatient and expected inpatient (or vice versa)

The bill is missing key details (no breakdown, no dates, no codes)

Section F — Dispute / Review Request (your “case summary”)

Fill this out before you call. It keeps you calm and focused.

What seems wrong (one sentence):

What you believe should happen (be specific):

- Reprocess as in-network cost-sharing
- Correct coding / remove duplicate charge
- Send itemized bill + documentation
- Put account on hold while insurance reviews/appeal is active
- Apply discount / financial assistance
- Set affordable payment plan

What evidence you have (check all that apply):

- EOB showing different amount owed
- Denial letter
- Pre-authorization number: _____
- Proof facility is in-network
- Clinical documentation/records
- Other: _____

Section G — Financial Assistance & Payment Plan Worksheet

1) Budget snapshot (helps you propose a realistic plan)

Monthly household income (approx.): \$ _____

Essential monthly expenses (approx.): \$ _____

Amount you can reliably pay per month: \$ _____

2) What you are requesting (check all that apply)

- Financial assistance/charity care application
- Income-based discount
- Hardship discount
- Extended payment plan
- Interest-free plan (if available)
- Temporary deferment while you gather documents

3) Documents commonly requested (gather if you can)

- Pay stubs / proof of income
- Tax return
- Proof of household size
- Proof of insurance and EOBs
- Proof of hardship (job loss, medical bills, etc.)

Where to submit (fax/email/portal): _____

Submission date: // ____ Confirmation #/receipt: _____

Section H — Scripts

1) Request an itemized bill

“Hi, I’m calling about account number _____ for dates of service _____. Please send me an itemized bill that lists charges line-by-line with dates and any codes available. I also want to confirm whether insurance has fully processed this claim.”

2) Request a billing hold (to prevent collections)

“I’m actively working with my insurance and reviewing the charges. Please place this account on a temporary hold so it is not sent to collections while it’s under review. Can you confirm the hold in writing or note it on the account?”

3) Disputing an out-of-network label (when you used an in-network facility)

“I went to an in-network facility. This bill is being treated as out-of-network, and I believe it may qualify for surprise billing protections or should be processed as in-network cost-sharing. Please review and reprocess accordingly.”

4) Asking for help because you can’t afford the bill

“I want to resolve this bill, but I’m unable to pay it in full. I’m requesting financial assistance screening and, if needed, an affordable payment plan. Based on my budget, I can pay \$_____ per month. What options are available?”

Quick “Next Steps” Checklist

- Get EOB for each bill (facility + physician groups)
- Request itemized bill
- Compare bill ↔ EOB and mark discrepancies
- Ask for hold while review/appeal is active
- If denied: start appeal and request hospital documentation
- Apply for financial assistance (if needed)
- Set payment plan you can actually maintain
- Keep a call log and request reference numbers