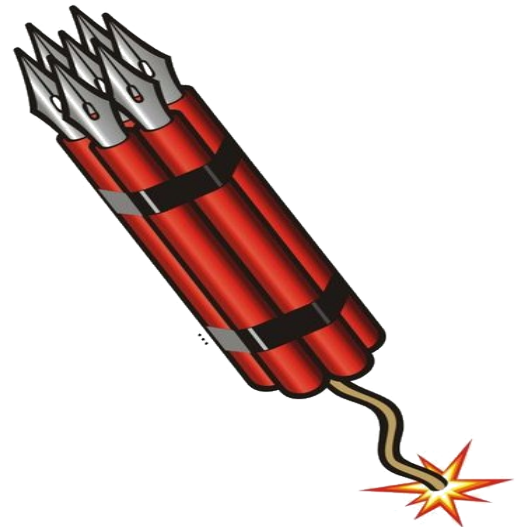




How to Survive Hospital Costs Without Insurance

by Gregory Allan

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Notice:

This is an evaluation copy of How to Survive Hospital Costs Without Insurance, by Gregory Allan. As such, it contains only the Introduction, and the thirteen chapters, but neither of the two Appendices. The complete version contains the Appendices. The Table of Contents lists everything included in the complete version. This is so you will know what you're missing.

Obviously, this is a ploy designed to help the author sell more books. The idea is to give you a lot of valuable knowledge for free. You will have an opportunity to see for yourself that my methods are built on sound legal strategy. Then, once you've read the book, you'll realize why you *need* the material in the Appendices, and you'll be happy to buy the complete book.

As I write this, the cost for the complete version in PDF format, delivered via Internet, is \$49.95 (prices may change without notice). Most people are already facing a big hospital bill when they learn of my book and buy it. Using my procedure they save hundreds, or even thousands of dollars that very first time, and then continue to save for the rest of their lives.

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Thanks for reading.

– Gregory Allan

How to Survive Hospital Costs Without Insurance, by Gregory Allan

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For the labourer is worthy of his hire. (Luke 10:7)

Behold, the hire of the labourers who have reaped down your fields, which is of you kept back by fraud, crieth: and the cries of them which have reaped are entered into the ears of the Lord. (James 5:4)

Blessed are they which do hunger and thirst after righteousness: for they shall be filled. (Matthew 5:6)

Thou shalt not steal. (Exodus 20:15)

*This book is dedicated
to my wife and children,
for whom it was written,
Without their love and patience,
I never could have finished it.*

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Chapter Two, The Reception Desk



Most of the methods taught in this report are a form of paper warfare. That's only fitting, since it's paper and ink the hospitals normally use to defeat you. But the most important part is getting past the receptionist, so you can get the treatment you need.

In this chapter we're taking a break from laws and paperwork. We'll focus instead on some horse-sense and getting along.

Hospitals vs. Small Offices

Hospitals are built on bureaucracies, almost like miniature governments. You may find individual people on the service side who care about your well-being, but not when it comes to the accounting departments. They'll squeeze you until you're dry, and never shed a tear.

Small doctor's offices are as proficient with their paperwork as the large hospitals, but they are often not as heartless. Regardless of how they structure their business, doctors usually retain control over everything-- from service, to billing.

Before you adopt an adversary position with your doctor, talk to him. Tell him you have no insurance, and explain your financial situation. Ask him for a discount for cash payment. You'll be surprised how often doctors will voluntarily cut the bill by twenty-percent or more, just because you asked.

If your doctor charges \$50 for an office call, 20% amounts to a \$10 savings per visit. It may not seem like much, but it adds up. If you are really hurting financially, tell him so. It's not at all unusual for doctors to slash their bills by half. Unless you ask, you'll never know. If you make a deal with your doctor for a certain price, you should honor your contract. Don't try to use the

paperwork from this report to chip more off the bill.

Also, always remember that generic medicines are much cheaper than their brand-name equivalents. When your doctor is writing prescriptions, ask him to specifically authorize generic substitutions.

The Receptionist

The things you've read up to now might tend to make you think of the hospital as an adversary. That's good thinking, and in many ways it's true. But it is important this attitude doesn't come across to the receptionist. Try to remember that she is a human being, with a life and feelings of her own. She will respond, like anyone else, to a smile and a friendly demeanor.

I know, you're going to say "If I felt like smiling, I wouldn't be at the hospital." True. But how much does it really cost you to smile and be nice? Nothing, and in the long run it can save you a bundle.

Another important thing the receptionist will respond to, is confidence. She will ask you if you have insurance. Do not lie to her. If the answer is no, then tell her "No."

She will then ask how you intend to pay. Your answer is, "Cash." Ask her how much the bill is going to be. She'll tell you she doesn't know. But the fact that you asked, scores points in your favor. Then, depending on how serious the reason for your visit (and depending on your available finances), immediately pull either a \$50 or a \$100 bill from your pocket and say "I'd like to make a deposit now."

She may take it, or not, depending on hospital policy, but you will have impressed her as someone who intends to pay his bill. Be sure you get a receipt.

Information Collection

Once the receptionist is satisfied that you will pay the bill, she will hand you some paperwork to be filled out.

Every hospital has its own forms. Each form is different, but all are pretty similar in most respects. There are always two distinct types of form, and both of them are always used in each hospital. Sometimes they are on separate pages, some are combined into a single form.

They may have various titles, but we will identify them by what they do, not what they are called. The first is the Information Collection form. The second is the Admission form. For purposes of this report, when I talk about the admission form, I am referring to the form contract, **before it is signed** by the prospective patient **and**



accepted by the hospital. We'll go over the Admission form in detail, in the next chapter. In this chapter, we will discuss information collection.

There is only one reason hospitals collect information from you: to protect themselves. In this context, protection means two things:

1. Limit of liability, and
2. Profits

Sure, they ask a lot of questions that make it look like they're concerned for your health and well-being. You may as well face it now: Even those questions are there mainly for liability reasons.

I don't have a problem with most of the health related questions, and you probably won't mind answering them. After all, you don't want to have the kind of problems which might cause you to want to sue the hospital. There are worse things than being broke-- like being dead, for example.

The financial questions are another matter. Those are only there to make it easier to collect a debt. Why else would they ask for your Social Security Number (SSN), and your date of birth (DOB)?

As to the DOB, you could argue that knowing your age could be relevant to your health concerns. Why then, is there also a place on the form to enter your age? Maybe they aren't good at math?

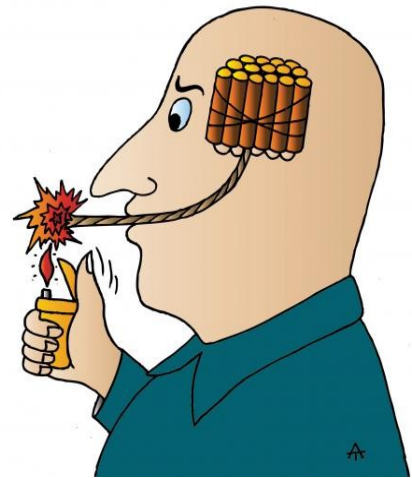
The SSN and DOB are what computer programmers refer to as "key pair identifiers." This is because anyone who has either of the two can, using computers, easily come up with a missing third part. The SSN and the DOB give them access to all your prior health records, and your entire financial history. They can even access past criminal history, and loads of consumer information. Most people have no idea how much information is readily available about them, from computer databases.

Most importantly it will give them positive identification, if they ever need to take you to court to settle a bill.

People shoot themselves in the foot every day, just by not thinking about what comes out of their own mouths. I recommend against giving out either the SSN, or the DOB. I also suggest you omit your middle name, or initial.

If you've already given this information to your local hospital, there's no way to remove it from their records. But you can still help yourself by not releasing it in the future.

Also never, ever disclose the name, address, and phone number of your employer. Why? Have you ever had phone calls at work from a collection agent? How does that make you look to your boss? Don't you wish they'd stop calling? Who gave them your number at work anyway? You



did! So stop doing it.

The same thing goes for the name and phone number for a “person to notify in case of an emergency.” Have you ever wondered what constitutes an emergency to a hospital? If they haven't been paid!

I've never known of a hospital to refuse service on the basis of no SSN. Don't leave it blank, as that's an invitation for the receptionist to ask you to fill it in. Draw a line through that space on the form. Or write “refused” in the space. In the DOB section, fill in the year, but draw a line through the month and day.

The receptionist may ask you anyway. Always be polite. This is an easy one to answer. Simply tell her that you are concerned with the recent rise in identity theft, and have stopped giving out that information.

In most cases she will not press. If she does, you can advise her of Title 5, United States Code Annotated 552(a), which is also known as the Privacy Act, and which states, in part:

“(a)(1) It shall be unlawful... to deny any individual any right, benefit, or privilege provided by law because of such individual's refusal to disclose his social security number.”

The law goes on to provide a \$1,000.00 fine for requiring disclosure of the SSN, unless it is to be used for only four distinct purposes. None of those purposes mentions healthcare. If you are concerned about this issue and want a little extra ammunition going in, you'll find a very effective notice at <http://www.lawfulpath.com/cat/#1010>

I've used that notice many times over the years for all sorts of instances where someone wanted my SSN.

That takes care of the most common financial questions. Some hospitals go on to ask even more brazen questions, such as how much money you make in a year, or where you do your banking. This is like asking, “How much can you afford to be fleeced for, and where do you keep your money?”

Just draw a line through these questions. The answers are not mandatory. You won't be denied service because you refused to answer. Those questions are there simply to make it easier for the hospital to collect a debt-- IF you are naive enough to answer them.

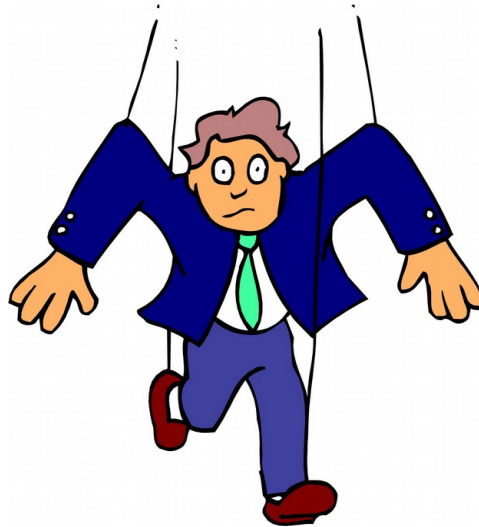
Why the Avoidance?

You will remember the point of this report is to learn how to genuinely pay your healthcare expenses. So why would I give you tips on how to avoid collection?

Simple. The hospital is in business to make money. They have their own collection departments, and many will also hire collection agencies. The attorneys who set up the departments, or who own the collection agencies, understand commercial law. But their employees



do not. The employees work from scripts, and lists of procedures set out by their employers, in much the same way a McDonald's employee is taught to pull the fries out of the oil when a buzzer sounds.



When you visit a hospital without insurance, you are immediately classified as a patsy. Your name is entered into a list of people to be fleeced like unsuspecting sheep. Or worse, a lamb to be lead to the slaughter. When you voluntarily surrender the financial information asked for, it is like handing them the very knife they'll use to cut your throat.

If you carefully follow the procedures outlined in this report, you will be standing on firm legal ground. But you will not be following the script which has been written to handle people in your assigned role: the patsy.

The hospital will resist your efforts to obtain their services at a fair price. They will call your home asking for payment. They will call your workplace, and whoever you may have listed to call in case of emergency. They will make it clear to whoever answers the phone that they are calling to try and collect a debt.

They may send you notices which say things like “OVERDUE,” and “PAY IMMEDIATELY, OR YOUR ACCOUNT WILL BE TURNED OVER TO COLLECTION!”

No need to worry. They are just following the script. Eventually your account will come to the attention of someone who understands commercial law.

In the meantime, how much damage can the employees of these collection departments do to you? It's according to how much ammunition you've given them. They can't call your employer, or anyone else, if they don't have the phone number. And there is much less risk of a minor employee doing damage to your credit record, if your SSN and DOB are not readily available.

Representation

There are two ways to approach the reception desk-- for yourself, or on behalf of someone else.

There's nothing wrong with going in as most people do, signing yourself in, and handling matters for yourself. I've done it many times. However, there's definitely a psychological advantage in dealing through a third-party representative. I've had a lot of success with acting on behalf of others, or having someone else act on my behalf. I highly recommend it.

In our family we believe in the Biblical principle of “coverture.” That means the husband and father is responsible for all other family members. He deals with the outside world in all respects. So my wife has no problem signing a “grant of powers of attorney” over to me. This gives me the power to sign the admission form, and have final say in all the decisions about treatment.

Even if you don't share our beliefs in coverture, you should strongly consider having someone you trust represent you when you check into a hospital. There are many good reasons for this:

1. Most families have a member who is best with clear, legal type thinking. That person should represent everyone but him/herself, and the second best represents the first person. This way, the clearest head is always handling things.
2. Anyone who is sick or injured is under stress. He may be in pain and/or under the influence of mind altering drugs. He should not enter into such an important contract under these circumstances.
3. During treatment the patient may be unconscious, or otherwise incompetent to make the same decisions he would make if he could. If at all possible, these decisions should be put in the hands of a trusted friend or family member, rather than a nameless hospital employee.
4. Last but not least, if you are dealing with a hospital which refuses modifications to their admission form, representation is an excellent end-run around their refusal.

Receptionists are familiar with parents signing on behalf of children. And it's not unusual for a son or daughter to sign on behalf of an elderly parent. But it is unusual for a normal functioning adult to represent another seemingly normal functioning adult.

So unusual, that maybe you don't know anyone you trust this much. If so, that's a shame. Of course it's also a social problem beyond the scope of this report.

If you use this suggestion, here are the four important things you must remember:

1. The person representing you must have a signed, notarized power-of-attorney document (POA) in his possession. The rights granted can be limited, so you're not also granting the



right to sell your house and empty your bank account.

2. Immediately notify the receptionist of the representation. Be confident, and act as though it is the most natural thing in the world. It won't seem as odd to her, if it doesn't seem odd to you.
3. Suggest to the receptionist that she make a copy of the POA "to put in the file." This is important. They will likely insist on it anyway, but it is just as important to you. The reason for this is so that they can't claim later to have the authority to bill for more than was authorized by the POA. Having a copy of the document in their own files, proves they had notice.
4. The patient **MUST NOT** sign **ANYTHING**. This is important. The receptionist will almost certainly try to get the patient to sign, in spite of the notice of representation. The patient must politely refuse, saying "This person has the exclusive power to sign for me. I have no power to contract."
5. The patient may even be assaulted by additional hospital staff, who insist the patient really must sign. I've always been able to persistently refuse until they give up. If you are not as strong willed as I, and it looks like you really won't get treatment without the patient signing, then have the patient do this:

Above the place where the patient is about to sign, write "Without agreement or capacity to contract:" and then below the signature, write "non-assumpsit." The latter is Latin for "no agreement." Now go ahead and sign, it doesn't matter. The hospital now has something which appears to be a signature, but has none of the legal substance which can obligate the patient to anything. This tactic should be used as a last, not a first resort.

There is a key feature of the POA I use, which is different from any other you'll ever see. The powers granted are limited to allow the representative to obligate the patient to pay only for:

1. Valid charges
2. Subject to (an objective third-party standard)

You'll learn more about this limitation in the next chapter.

A sample form entitled Grant of Limited Powers of Attorney (medical) may be found in Appendix A, document #3 (included only with the complete, paid version of this report).

When you sign as a representative of another, you sign your own name. Then you print the following beneath your signature:

[Your name] as attorney-in-fact for [Patient's name], pursuant to Grant of Powers of Attorney dated [date of POA].

This statement is important because it qualifies (limits) your signature to the powers specifically granted in the POA, and insures you cannot be held personally responsible for any of the charges.

Once you've been admitted for treatment, your representative should accompany you and stay

with you as much as possible. In my experience, most hospital employees will recognize the authority of the representative. Some may need to be reminded.

When one of our children was born we had an interesting experience. My wife had arrived at the hospital before me, as I was several hours away when she went into labor.

Of course, they put admission forms in her hand while she was being wheeled into a room. She verbally put them on notice that her husband would have to sign, and that she had no power to contract. They said, "That's okay, please just sign the forms anyway," which she did, using the qualifications I outlined in paragraph #5 above.

When I arrived, I immediately put them on notice that I was "attorney-in-fact" for my wife, and that anything she may have signed was not binding. They asked for a power-of-attorney, which I handed them, instructing them to make a copy and return the original. Interestingly, they didn't ask me to sign anything at that time.

After our baby was born, and my wife was resting, a hospital staffer came in and asked my wife to sign papers for birth certificate, social security, etc. She reminded them that if anything needed to be signed, then I would have to be the one to do it. I looked over the papers. The one right on top authorized the local department of social services to have access to all our medical records, and granted rights to supervise care of the baby. I'm not kidding about this. I was aghast! Of course I refused to sign them.



The woman went away in a huff, and in a few moments a much sterner woman appeared carrying the same papers. She told me it was State law that I had to sign the papers.

I said, "If I'm required by law to sign these papers then I'll be happy to. Just show me the law, and the implementing regulation that makes me a person obligated by the law, and I'll be happy to oblige."

She stood there sputtering for several moments, and then spun around on her heel and left the room.

The hospital staff watched closely, and waited until I was gone from the room for a short time. Then they sent in a social worker to talk with my wife. The social worker made some small talk, and then mentioned the power-of-attorney. She asked my wife if she had really signed it willingly. Of course my wife said she had. The social worker was shocked. She couldn't understand why, in this day and age, a woman would give such power to a man.

My wife said it was obvious the social worker was looking her over, trying to examine her for bruises, and even implied that maybe I had beaten her, to make her sign.

So my wife told her, "Look, the power-of-attorney was my idea."

The social worker's jaw dropped. "Why would you do such a thing?" she asked.

"Because I'm in here having a baby," my wife replied. "I'm under a lot of stress. I knew the nurses might give me drugs, and that I might not be in my right mind. I knew people would be

bringing documents into my room while my mind is foggy, and asking me to sign them. This way my husband, who has a clear head, can handle everything. If the roles are ever reversed, I'll do the same for him."

One last interesting thing about this visit. About twelve hours after delivery, my wife was ready to leave. We never let the baby out of our sight, so getting him was no problem-- we already had him. We told a nurse we were leaving.

Now it was about 11:30 P.M., and this nurse was really resisting. Wouldn't we stay for just another hour? It suddenly became clear to me that the really important thing from the hospital's perspective was that if we stayed past midnight they could charge us for another day on the room.

In came an administrative-type woman who declared firmly that we couldn't leave yet, we hadn't been released. I said, "Really? I don't remember ever signing in." She stood there looking puzzled for a moment or two while we continued to get my wife dressed, and then she hurried off toward the reception desk.

Soon we were walking down the hall toward the front lobby. A nurse hurried up with a wheelchair for my wife. If we couldn't be stopped from leaving, at least they weren't going to risk the liability my wife might break a leg in the hall.

We were almost out the door, when the same administrative-woman from a few moments before called out to me and asked if I'd please step up to her desk for a moment?

She had a sheepish look on her face, as she asked if I would mind please signing an admission form before I left. It was only then that she had realized, the hospital had delivered our baby without any contract with us at all.

We had not promised to pay. We had not even waived liability! The hospital was completely hanging out to dry. It was our local hospital, and I wanted to maintain good relations. I signed the form. Subject to certain qualifications, of course.



If it's the Last Thing You Do!

You're in. There's only one thing left to do, but it's the most important thing. If you forget this part, all else will be lost:

GET A COPY OF EVERYTHING!

The one thing which you must always do, after signing the admission form, and anything else, is to ask the receptionist to make you a copy. I cannot stress this strongly enough, so I will say it again:

GET A COPY!!



In every hospital or doctor's office I have ever visited, a copy machine was a part of the receptionist's standard equipment, so this should not be at all difficult.

Put your copy in a safe place.

In a later chapter I'll tell you what to do with your copy of the contract. You'll learn the easy way to keep good records of all your correspondence, and why you **MUST**.

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