

THE BUDGET:

Since a large amount of the budget is to finance Medicaid, it would behoove the State to publish the MEDICAL PROCEDURE CODES used for billing and their definitions on the State website until the Federal Government fulfills its obligation of doing so for the prevention of outright fraud, abuse, and waste, by the practitioner, insurance company or the citizen.

On several occasions I have questioned certain "Explanation of Benefits" of charges, only to be told to question the doctors office.

Questioning the doctors office regarding his billing would be an insult to him/her, and very likely result in a very poor doctor/patient relationship at the very least. And since most doctors do not write the bills it becomes a distraction from his/her practice, therefore it would not be a wise solution.

I have attempted to obtain these PROCEDURE CODES only to be told they are available in book form or CD for a FEE. This is WRONG, WRONG, WRONG. If OUTRIGHT FRAUD, ABUSE AND WASTE is to be stopped, every citizen should have the ability to review their Doctors, or Hospital, or Lab medical statement for accuracy without jeopardizing their doctor/patient relationship.

Upon finding questionable PROCEDURES AND CHARGES on review of the Statement, one then has the absolute right and the information to dispute the charges.

I personally have been charged for Medical laboratory work in the hundreds of dollars under one Procedure code only to find upon a thorough investigation I undertook, the Procedure Code was improper for the tests and the charges were not in the hundreds of dollars, but less than \$50.

My wife was made to pay \$75. for an X-Ray in advance by one Office Manager who does the billing even though my wifes Insurance fully covered such a procedure and that was on top of a billing of \$90 for an emergency examination DURING THE DOCTORS NORMAL OFFICE HOURS. And we were never reimbursed.

In February 2007, I had Hospital Emergency Room and Hospital charges in the amount of \$5000. plus, for less than 1 day.

I was self admitted in the Emergency Room from 4:30PM after blacking out and placed on a gurney in a hallway till after 1:30 AM the following day. At approximately 10PM of the first day I was told I was admitted but they had no room available. During that time the Vital Sign Monitor that was battery operated failed after being on me for about 2 hours and I was left without any working monitor till I moved to a room at 1:30AM. By 3:00PM of this same day I was transported to a different hospital for the tests needed to identify the cause of the blackout. In reality I was not in the room of the first hospital 1 day and being charged a \$100. per day fee by the Insurance company.