



SAMPLE - FICTIONAL DATA

BillRadar report

Case example · Seaside Regional Hospital · Made on April 21, 2025

Up to \$2,780 may come off your bills

What we found

Same service billed twice on sheet 10

Lines 1 and 2 are the same code 01960 on Feb 11, 2025 for \$4,944.00 each.

sheet S10, line 1 · sheet S10, line 2

You have a \$40.00 credit on sheet 12 · \$40.00

The balance is in your favor. Ask for a refund instead of leaving it on the account.

sheet S12

Page 3 of 4 is missing

This insurance statement has 4 pages; we have 3. Totals may be on a missing page. Find or ask for pages 3.

sheet S1 · sheet S2 · sheet S3

You likely qualify for financial assistance · \$1,399.71

Household of 3, income \$58,000: 212.3% of the poverty guideline. The policy gives 90% off at this level. Sheet D1 has no discount yet.

sheet D1

"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, Revised May 2026, 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, Revised May 2026, 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

You likely qualify for financial assistance · \$1,341.23

Household of 3, income \$58,000: 212.3% of the poverty guideline. The policy gives 90% off at this level. Sheet D3 has no discount yet.

sheet D3

"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, Revised May 2026, page 11

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"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

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Checked, no money here

Doctors' bills are outside the hospital's assistance policy

LITTLE HARBOR PEDIATRICS, Meridian Physician Services bill separately. This policy covers the hospital and its own doctors only; ask each office whether it has its own help program.

sheet S8 · sheet S9 · sheet S10 · sheet S11

"This Financial Assistance Policy only applies to services provided by MHS at its facilities and services provided by MHS employed physicians." - Financial Assistance Policy, Revised May 2026, page 5

Letters ready to sign

Request for an itemized statement	To: Patient Financial Services, Seaside Regional Hospital
Billing dispute: amount does not match my insurance	To: Patient Financial Services, Seaside Regional Hospital
Application for financial assistance	To: Patient Financial Services, Seaside Regional Hospital

Your papers

S1	Insurance statement (EOB)	Harborlight Health Next	March 21, 2025	
S2	Insurance statement (EOB)	Harborlight Health Next	March 21, 2025	
S3	Other		March 21, 2025	
S4	Insurance statement (EOB)	Harborlight Health Next	April 1, 2025	
S5	Insurance statement (EOB)	Harborlight Health Next	January 8, 2025	
S6	Other		January 8, 2025	
S7	Insurance statement (EOB)	Harborlight Health Next	March 11, 2025	
S8	Hospital statement	LITTLE HARBOR PEDIATRICS	July 6, 2025	\$27.00
S9	Hospital statement	Meridian Physician Services	March 22, 2025	\$393.64

S10	Itemized bill	Meridian Physician Services	April 21, 2025	\$393.64
S11	Hospital statement	Meridian Physician Services		\$393.64
S12	Hospital statement	Seaside Regional Hospital (IP) 300	March 18, 2025	\$-40.00
S13	Hospital statement	300_Women First OB/GYN Care, LLC	March 18, 2025	\$0.00
S14	Other	Cradleview-Obstetrix Medical Group	April 1, 2025	\$275.00
D1	Hospital statement	Seaside Healthcare System	April 5, 2025	\$1,555.23
D2	Itemized bill	SEASIDE REGIONAL HOSPITAL		\$1,555.23
D3	Itemized bill	SEASIDE REGIONAL HOSPITAL		\$1,490.25

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 medical advice. You review and sign every letter.