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## **BALANCE BILLING FACT SHEET**

The California Association of Health Plans believes “Balance Billing” is an abusive practice that places insured patients in the middle of health care disputes that ought to be handled between health plans and medical providers.

**Balance Billing** is the practice where a medical provider who does not have a contract with a patient’s health plan unfairly places a financial burden on the patient by billing them for all charges not paid for by the patient’s insurance plan, even if those charges are above the plan’s usual and customary rate or considered medically unnecessary.

### **BALANCE BILLING BY THE NUMBERS**

- **91 Percent**
  - The percentage of Californians who visited Emergency Rooms in the last two years who were insured at the time of their visit.
- **1.76 million**
  - The number of insured Californians who visited ERs in the last two years and received Balance Bills on top of their co-pays and deductibles.
- **\$300**
  - The average Balance Bill for these insured patients.
- **\$528 Million**
  - The burden that Balance Billing has placed on California’s insured patients in the last two years alone on top of co-pays and deductibles.
- **56 Percent**
  - The percentage of balance billed patients who personally paid the bill.
- **68 Percent**
  - The percentage of insured Californians who were balance billed feel that doctors should deal directly with insurance companies rather than billing the patient directly.

*(source: APCO Insight Survey 2/07)*

Balance Billing is unfair to patients and their families. It creates unnecessary stress, anxiety and financial burdens upon insured patients and CAHP believes the practice should be banned to protect the consumer.