Example report. Names and amounts are invented.

MedBillCheckup bill review

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1. Bill overview

Provider	**Patient Financial Services**
Statement date	**Sep 15, 2026**
Due date	**Oct 15, 2026**
Service dates	**Aug 28, 2026**
Statement number	**4471-0915**

The provider billed a total of $1,817.00. Insurance paid $980.00. $537.00 was adjusted off under the insurer/provider arrangement; you are not asked to pay adjusted amounts. The statement says your responsibility may be $300.00.

2. Amount breakdown

Total billed	**$1,817.00**
Insurance paid	**$980.00**
Adjustments	**$537.00**
Patient responsibility	**$300.00**
Amount due	**$300.00**

Itemized charges (5)

Aug 28, 2026 n/a Emergency room visit, hospital charge $1,250.00
- Word explained at the end: Emergency room.

Aug 28, 2026 J2405 Injection, ondansetron hydrochloride, per 1 mg ×4 $112.00
- Billing unit: 1 mg. Medicare usually expects at most 64 units per day for one patient from one provider.
- Words explained at the end: Injection; Dose units (mg, mcg, ml).

Aug 28, 2026 J7030 Normal saline solution infusion, 1000 cc $180.00
- Medicare's name: Infusion, normal saline solution, 1000 cc.
- Billing unit: 1000 cc. Medicare usually expects at most 20 units per day for one patient from one provider.
- Word explained at the end: IV (intravenous) fluids and infusions.

Aug 28, 2026 A4550 Surgical trays $95.00
- Medicare usually expects at most 3 units per day for one patient from one provider.

Aug 28, 2026 J7030 Normal saline solution infusion, 1000 cc $180.00

Code names for drugs, supplies and equipment come from Medicare's public HCPCS list (effective Oct 1, 2026). Billing units are read from those names and counted in multiples, rounded up (Medicare Claims Processing Manual, chapter 17). Unit limits come from Medicare's Medically Unlikely Edits (effective Oct 1, 2026). They are per provider and not for inpatient stays; we show the higher of the doctor and hospital outpatient limits. More units can be correct, for example a larger dose, though some limits are firm; it is worth asking what they cover. Notes for a code are printed under its first line only.

3. Worth asking about (2)

We found 2 things worth checking.

Largest amount worth asking about: $100.00. This is the amount on one item that you may get back or may not owe, not a total. Only the provider or your insurer can say whether any of it changes.

1. You may have paid more than your share [IMPORTANT]

What we found: You told us you have paid $400.00 on this bill. According to the bill, your share is $300.00, so you may have paid $100.00 more than you owe.

Why it matters: A bill paid before insurance finishes processing the claim can turn out to be more than your share. The difference then stays on your account as a credit, and you can ask for it to be refunded.

What to verify: Ask the billing office for the payment history on your account, whether it shows a credit balance, and how you can ask for it to be refunded.

Confidence: High confidence
Evidence:

- What you told us you paid: $400.00
- Patient responsibility: $300.00

2. Possible duplicate charge [WORTH CHECKING]

What we found: "Normal saline solution infusion, 1000 cc" ($180.00) appears twice with a very similar description on Aug 28, 2026.

Why it matters: A repeat can be correct, for example two blood draws or two doses given at different times. If you remember it happening only once, it is worth asking the billing department to confirm.

What to verify: Ask whether both charges reflect distinct services, and if so what each one covered.

Confidence: High confidence
Evidence:

- Page 1, line 3: Normal saline solution infusion, 1000 cc · code J7030 · Aug 28, 2026 · $180.00
- Page 1, line 5: Normal saline solution infusion, 1000 cc · code J7030 · Aug 28, 2026 · $180.00

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4. Questions to ask

1. I have paid $400.00 on this account, and my share is $300.00 according to the bill. Can you confirm a credit balance of $100.00 and refund it to me?
2. Can you explain why "Normal saline solution infusion, 1000 cc" appears twice on my statement for Aug 28, 2026?
3. Can you provide the billing codes for the line items that do not show one?
4. Can you explain how my patient responsibility was calculated, including any deductible, coinsurance, or copay applied?
5. Has this claim been fully processed by my insurer, or are any amounts still pending?

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5. What to do next

1. Send the billing office your letter, or call the number on your bill with this list in front of you.
2. Ask your questions one at a time. Write down who you spoke to, and when.
3. If they agree to change something, ask for a corrected statement before you pay.
4. If you have insurance, compare the bill with your EOB.
5. If the bill is more than you can pay, ask the hospital for its financial assistance policy. Non-profit hospitals must have one, and you can usually apply after the bill arrives. Our free letter asks for the policy and the application form (medbillcheckup.com/financial-assistance-letter). The non-profit Dollar For helps people apply, for free (dollarfor.org).
6. If a plan through a job or the Marketplace denied a claim, you usually have at least 180 days from the denial notice to appeal and, for some denials, 4 months after a final denial to ask for an external review. Medicare and Medicaid deadlines are shorter (see medbillcheckup.com/guides/billing-office-says-no). Your notice sets your actual date. Use it if it differs. Counterforce Health, funded by research grants, helps with appeals for free (counterforcehealth.org).
7. If a collection agency contacts you about this bill, our free letter to a collection agency disputes the debt or asks it for verification (medbillcheckup.com/collection-agency-letter).
8. If you have a serious or chronic illness, the non-profit Patient Advocate Foundation offers free case management (patientadvocate.org).

6. Your call guide

Have ready

- The bill from Patient Financial Services, with the billing office's phone number and your account number on it.
- The statement date: September 15, 2026.
- The first date of care: August 28, 2026.
- Your insurer's Explanation of Benefits (EOB) for this care.
- Something to write on, for the name, the date and the reference number.

Start the call

"Hello, I'm calling about account [account number], statement dated September 15, 2026, for care on August 28, 2026. I have questions about specific charges. May I have your name, and is there a reference number for this call?"

Then, one thing at a time

1. You may have paid more than your share

What you told us you paid: $400.00
Patient responsibility: $300.00

Ask: "I have paid $400.00 on this account, and my share is $300.00 according to the bill. Can you confirm a credit balance of $100.00 and refund it to me?"

Ask for: A refund of the credit balance, and the answer in writing.

If they say "We'll keep the credit on your account." Ask: "Can you refund the credit balance instead, and how do I ask in writing?"

Free refund request letter: medbillcheckup.com/refund-request-letter
Patient overpayment refund rules, by state: medbillcheckup.com/guides/patient-refund-rules

2. Possible duplicate charge

Normal saline solution infusion, 1000 cc · code J7030 · Aug 28, 2026 · $180.00
Normal saline solution infusion, 1000 cc · code J7030 · Aug 28, 2026 · $180.00

Ask: "Can you explain why "Normal saline solution infusion, 1000 cc" appears twice on my statement for Aug 28, 2026?"

Ask for: The itemized bill, with the date, time and code of each line.

If they say "Each one is correct." Ask: "What did each one cover? Please send that in writing."

Also ask

- "Can you provide the billing codes for the line items that do not show one?"
- "Can you explain how my patient responsibility was calculated, including any deductible, coinsurance, or copay applied?"
- "Has this claim been fully processed by my insurer, or are any amounts still pending?"

Before you hang up, ask

1. "Can you note on my account that these charges are under review, and hold it from collections while you look?"
2. "When can I expect an answer, and can you send it in writing, by letter, email or the portal?"
3. "If anything changes, can you send me a corrected statement before I pay?"
4. "Do you have a financial assistance policy? Please send it with the application."

To close

"So you will [what they said] by [date]. Your name is [name] and the reference is [number]. Thank you." Then write down what they said in the call log below.

Other answers they may give, and what to ask next: medbillcheckup.com/guides/billing-office-says-no#if-they-say
These are questions and requests built from your full list. They are general information, not legal advice, and nobody can promise the result.

7. Call log

Fill this in during each call. Write your account number here yourself: it is never printed by MedBillCheckup.

Account number: _____

Call 1. Date: _____ Spoke to: _____
What they said: _____
Reference number: _____ Next step: _____

Call 2. Date: _____ Spoke to: _____
What they said: _____
Reference number: _____ Next step: _____

Call 3. Date: _____ Spoke to: _____
What they said: _____
Reference number: _____ Next step: _____

8. Your letter to the billing office

Subject: Request for clarification of medical bill

Dear Patient Financial Services,

I am reviewing my statement dated Sep 15, 2026 (statement number 4471-0915) and would appreciate clarification regarding the following charges:

- Normal saline solution infusion, 1000 cc on Aug 28, 2026 (code J7030): $180.00
- Normal saline solution infusion, 1000 cc on Aug 28, 2026 (code J7030): $180.00

Could you please help me with the following questions:

1. I have paid $400.00 on this account, and my share is $300.00 according to the bill. Can you confirm a credit balance of $100.00 and refund it to me?
2. Can you explain why "Normal saline solution infusion, 1000 cc" appears twice on my statement for Aug 28, 2026?
3. Can you provide the billing codes for the line items that do not show one?
4. Can you explain how my patient responsibility was calculated, including any deductible, coinsurance, or copay applied?
5. Has this claim been fully processed by my insurer, or are any amounts still pending?

I would also appreciate an itemized explanation of my patient responsibility and any applicable insurance adjustments, so that I can compare it with the information from my insurer.

Please note on my account that these charges are under review, and hold the account from collections while you answer. Please send your answer in writing, and a corrected statement if anything changes.

Thank you for your time and assistance. Please let me know if you need any additional information from me.

Sincerely,
[Your name]

9. Important limitations

MedBillCheckup provides informational assistance only. It does not determine whether a charge is medically necessary, fraudulent, illegal, or definitively incorrect, and it is not a substitute for advice from a lawyer, doctor, insurer, or certified medical billing specialist.

Analysis confidence: High confidence: this reflects how completely and legibly we could read the document, not whether the bill is correct.

10. Words on this bill

The billing words found on this bill, in our own words. This is general information about billing, not advice about your care.

Emergency room
Emergency visits usually bring two charges: the hospital's facility charge, with a level from 1 to 5, and a separate bill from the emergency doctor.

Injection
A medicine given with a needle. There is usually one line for the drug and another for giving it.

Dose units (mg, mcg, ml)
Amounts of a medicine: milligram, microgram and milliliter. Pharmacy lines often show a price per unit of dose.

IV (intravenous) fluids and infusions
Fluids or medicine given through a vein. The first hour and each extra hour are often separate lines, and each bag of fluid can be its own line.

HCPCS code
A letter and four digits, used for drugs, supplies, equipment and ambulance rides. Medicare publishes the names for free, and MedBillCheckup shows them next to the line.

Total charges
The hospital's full list price for everything on the bill. Insurance payments, adjustments and discounts are taken off it before the amount you owe.

Insurance payment
What your insurer paid the provider for this care. The EOB your insurer sends should show the same amount.

Insurance adjustment
An amount taken off the charges because of the price your insurer and the provider agreed. It is not part of your share.

Patient responsibility
The part of the bill the provider says is yours to pay after insurance. Compare it with the "you may owe" amount on your EOB.

Amount due
The amount the provider is asking you to pay now. It may include or leave out earlier payments, so compare it with the patient responsibility shown.