

# Medical Bills

Dealing with medical bills can be stressful and confusing, leaving many individuals feeling overwhelmed. To make it easier, check that your bills are correct and take time to understand the charges. Both federal and state law offer you some protections from surprise medical bills and set rules for collecting unpaid balances.

## Review your medical bills

Be sure to look at your medical bills closely and check for any mistakes. If you have trouble understanding the charges on your summarized bill, request an itemized bill from your healthcare provider. Some common errors include:

- duplicate billings
- unauthorized charges
- incorrect data
- duplicate orders and operating room times
- up-coding (or inflating a patient's diagnosis code to a more serious/costly condition)
- unbundled fees
- coding errors

If you think an error happened with your medical bill, contact your healthcare provider. Keep track of the calls you make and who you speak with. If you cannot resolve the issue with the service provider, you can contact [Wisconsin Department of Agriculture, Trade and Consumer Protection](#) at DATCPHotline@wi.gov or (800) 422-7128.

## No Surprises Act

Taking effect on January 1, 2022, the No Surprises Act (NSA) is a federal law made to protect patients against surprise medical bills and require medical providers to clearly communicate costs to patients.

## **No Surprise Medical Bills for Individuals Using Insurance**

A surprise medical bill occurs when a provider bills a consumer for the portion of a bill that the consumer's health insurance plan or coverage doesn't cover. Under the NSA, patients are protected from surprise bills for:

- Most emergency services.
- Non-emergency items and services from out-of-network providers with respect to patient visits to certain in-network facilities.
- Services from out-of-network air ambulance service providers.
- While the NSA protects against surprise medical bills, these protections do not apply if
- You choose an out-of-network provider, knowing that the costs may be higher;
- You have coverage through certain government programs, like Medicare and Medicaid, since these programs generally have their own protections.

You can [file a complaint on the Wisconsin Office of the Commissioner of Insurance website](#) about a surprise bill from a health care provider or facility that falls under the No Surprises Act.

## **Good Faith Estimates for People Without Insurance or Paying on Their Own**

If you are an uninsured or self-pay individual, a provider or facility must give you a "good faith estimate." This estimate shows what you might be charged before you receive the service or item." Generally, you are considered an uninsured or self-pay individual if you do not have health insurance, or do not plan to use your insurance to pay for a medical item or service. The good faith estimate should include:

- A list of items and services that the provider or facility expects to provide you for that period of care.

- A list of items and services and their costs, that can be expected to be given to you by another provider or facility involved in your care (a co-provider or co-facility).
- Applicable diagnosis codes and service codes.
- The expected costs for each item or service from each provider and facility.
- A notice that if the charges on your bill are higher than the good faith estimate, you can ask the provider or facility to update the bill to match the estimate, try to negotiate the bill, or see if financial help is available.
- Information on how to dispute your bill if it is at least \$400 higher for any provider or facility than the good faith estimate you received from that provider or facility.

## **Disclosure of Median Billed Charge**

In Wisconsin, health care providers must, at no cost and if asked by a consumer, share information about the median billed charge for a medical service, test, or procedure (assuming there are no complications). The “median billed charge” is the middle amount among all the charges a provider submitted for a specific service over a certain period. This is basically the “typical” cost for a procedure. It helps patients understand health care costs better and compare prices between providers.

## **Dealing with Medical Debt**

Even with upfront information about the cost of medical care, bills can add up quickly. Here are some points to keep in mind if you find yourself struggling with medical debt:

- Do not transfer medical debt to a credit card. Most experts warn that this is a poor choice because the interest rates on your credit card will add significantly to your debt and transferring medical debt to a credit card may affect your eligibility for Medicaid. Some medical costs can be deducted from gross income to determine your Medicaid eligibility. Medical debt on a credit card may no longer qualify as medical debt.

- Healthcare providers may offer payment plans or financial assistance programs to help patients manage their medical bills. These plans allow patients to pay their bills in smaller amounts over time. Some healthcare providers might also offer charity care programs that provide free or discounted care to qualifying individuals.
- Wisconsin's debt collection laws apply to medical debt. Debt collectors must stick to fair debt collection practices, including limitations on harassment, false representations, and unfair practices. [Link to debt collection article.](#)
- Wisconsin sets a statute of limitations (a time limit) on the collection of medical debt. Generally, creditors have six years from the date of the last activity on the account to pursue legal action to collect the debt.

Medical bills can be overwhelming, but taking proactive steps to understand your costs upfront, ensure bills are accurate, and manage medical debt can help minimize the burden these bills have on your finances and your life. If you feel that you have been taken advantage of, you may also want to contact a reputable attorney.

Last updated on April 10, 2025.

[Medical Bills Debts/Loans Money, Debt & Consumer Issues](#)

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