



PROTECTING CONSUMERS.
PROMOTING TRANSPARENCY.
EMPOWERING CITIZENS.

GEORGIA CONSUMER GUIDE FOR MEDICAL BILLS AND DEBT



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INTRODUCTION

If you are one of millions of people struggling with medical bills or want to know how to lessen and manage your medical debt, this guide is for you! Uninsured consumers are not the only ones struggling with the high costs of healthcare. Even people with insurance have trouble paying their medical bills. Healthcare costs today are higher than they have been in 50 years, and consumers are paying higher and higher health insurance premiums and out-of-pocket medical expenses.

Some people are sinking into debt when they can't afford to pay their medical bills. Here are some facts about medical debt:

- *43 million people have past due medical bills that are in collections.*
- *More than 50% of collection items on credit reports are for medical debt and nearly one in five (19.5%) consumers with a credit report show a medical bill in collections.*
- *Healthcare costs are the #1 reason people file bankruptcy, which leaves you vulnerable to lawsuits by healthcare providers and debt collectors.*
- *Having medical debt may cause you to delay or go without needed care.*
- *Medical debt may force you to choose between paying your medical bills and other necessary expenses like groceries or rent.*

The good news is that you can learn to manage and minimize your medical debt. Medical debt is not beyond your control.

Georgia Watch drafted this guide to help consumers like you better understand your rights. The guide is intended to help you answer some of the following questions:

<p>Are you unsure about what you should do before you make a doctor's appointment? See What to Know Before You Make a Doctor's Appointment. Page 3</p>	<p>Has your insurer refused to pay for something you think should be covered? See What You Need to Know about Filing an Appeal with Your Insurer. Page 14</p>
<p>Are you confused about a statement in your Explanation of Benefits? See Understanding Explanation of Benefits (EOB) Statements. Page 7</p>	<p>Have you received a bill you can't afford to pay? See How to Work Out a Plan to Pay Your Medical Bills and Paying Your Bill and Getting Financial Assistance Page 16 Page 18</p>
<p>Are you having trouble understanding your medical bill? See How to Read Your Medical Bill. Page 8</p>	<p>Are you considering bankruptcy because of medical debt? See What You Need to Know About Filing for Bankruptcy. Page 19</p>
<p>Are you worried about how unpaid medical debt may affect your credit report? See Medical Debt and Your Credit Report. Page 13</p>	<p>Has your past due bill been sent to a debt collector? See Debt Collection: Know Your Rights. Page 21</p>

Each section of this guide provides information about how to find answers to some of the most complex questions associated with medical billing and debt.



WHAT TO KNOW BEFORE YOU MAKE A DOCTOR'S APPOINTMENT

While you can't control your doctor's ability to bill you, you have a right to get clear and simple financial information about your healthcare services and bills. Ask questions before you book that appointment! If you are uninsured, skip to [Why do I need this test or procedure.](#)

Questions to Ask your Insurer:

What does my insurance cover?

If you have insurance, read and understand your insurance policy or health benefits summary. Knowing what costs, like "deductibles" and "co-pays," you are responsible for can help you avoid surprise medical bills.

CO-PAY

A fixed amount that you pay for covered healthcare services or prescriptions, usually when you receive the service.

Ex. \$25 for a visit to the doctor's office. This amount can vary by the type of covered healthcare service.

DEDUCTIBLE

How much you owe for services (that your insurance covers) before your health insurance begins to pay.

Ex. If your deductible is \$500, then your plan won't pay until you've met the \$500 deductible. Many plans have separate in-network and out-of-network deductibles.



If you don't have a copy of your benefits summary, call your insurance company or log in to your online account to find out how to get a copy. If you don't understand a portion of your benefits summary, call your insurance company's member benefits number or help line. Ask for help to understand your benefits.

Is the service free?

Some "preventive" healthcare services are free to you, meaning they don't require payment of a co-pay or deductible amount. Preventive services refer to routine care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.



WHAT TO KNOW BEFORE YOU MAKE A DOCTOR'S APPOINTMENT

QUESTIONS TO ASK YOUR DOCTOR

Am I in-network or not?

If you have insurance, ask if the healthcare provider (doctor or hospital) is "in-network" with your insurer. Contact your insurer to double check and verify that the provider is in-network. If the provider is not in-network, you will pay higher "out-of-network" costs. If your visit isn't an emergency situation, consider choosing a different doctor or hospital that is in-network.

Why do I need this test or procedure?

Ask your doctor why you need a certain test or procedure. Your doctor should clearly explain why medical tests and other services are needed. Ask in advance what the costs of these tests will be to you and whether they are covered under your insurance plan. This will help you avoid paying for tests or services that may not be necessary.

The healthcare provider has contracted with your insurance company to accept certain negotiated (i.e. discounted) rates.

IN-NETWORK

OUT-OF-NETWORK

The healthcare provider has not contracted with your insurance company to accept certain negotiated (i.e. discounted) rates. You may be responsible for additional costs.

Ask how much the service will cost.

You have the right to ask about healthcare charges before you visit a doctor. This is particularly important if you don't have insurance.

If the service will involve outside labs or doctors, be sure to find out whether those providers are in-network with your insurance plan.

Compare costs.

Use trustworthy websites like [HealthcareBluebook.com](https://www.healthcarebluebook.com) & [FairHealthConsumer.org](https://www.fairhealthconsumer.org) to compare costs.

Ask about the rate for insured patients.

Patients with insurance are charged less because their insurance companies negotiate discounts on healthcare rates.

If you are uninsured, ask for the rate that insured in-network patients pay for the same care, and ask to have your rate lowered.

For a hospital stay, keep a journal and written record:

For a hospital stay, take notes about services you receive.

- List what times and what medications are administered, whether by mouth or IV.
- Note any tests and lab work you have done.
- Ask for and write down the names of doctors who see you and note their specialty.
- List any items (e.g. bandages, medications, etc.) you are discharged with.
- If your doctor uses a term you don't understand, ask him or her to explain the term.
- Ask for a discharge summary before you go home.

Keep these notes in case you need to refer back to them later if you see something unfamiliar on your bill or Explanation of Benefits statement.



WHAT TO KNOW BEFORE YOU MAKE A DOCTOR'S APPOINTMENT: IMMIGRANTS & REFUGEES

It is important to know your rights before your doctor visit so you can advocate for yourself and receive the highest quality of care possible. Do not be afraid to ask questions before your appointment and be prepared with information about what they can and cannot ask you.

Language Access

As a patient, you have the right to access trained and qualified medical interpreters for free. Medical interpreters help bridge the gap between you and providers who do not speak your preferred language. You also have the right to access translated materials and vital documents, such as consent forms.

Protection of Patient Information

HIPAA is a privacy law that protects your sensitive patient health information (PHI) from being shared without your consent or knowledge. Under HIPAA, healthcare entities, including hospitals and health care professionals, cannot legally report their patient's immigration status because it may compromise the immigrant's care and recovery. Additionally, any applications to services such as emergency Medicaid or financial assistance are kept confidential—this means your information cannot be shared with any other entity without your consent.

Overview of Healthcare Options by Immigration Status

Refugee and Asylee

- Medicaid
- Refugee Medical Assistance (RMA)
- Children's Health Insurance Program (CHIP)
- PeachCare for Kids
- Health Insurance Marketplace
- Premium tax credits (from organizations such as the American Rescue Plan)
- Grady Financial Assistance Program
- Georgia Free & Charitable Clinic

Asylum Seekers

- Health Insurance Marketplace (If the applicant has been granted employment authorization or are under the age of 14 with an application pending for a minimum of 180 days)
- Emergency Medicaid
- Grady Financial Assistance Program
- Georgia Free & Charitable Clinic

Undocumented Immigrants

- Emergency Medicaid
- Grady Financial Assistance Program
- Georgia Free & Charitable Clinic

Humanitarian Parolees

- Medicaid
- Refugee Medical Assistance (RMA)
- Children's Health Insurance Program (CHIP)
- PeachCare for Kids
- Health Insurance Marketplace
- Grady Financial Assistance Program
- Georgia Free & Charitable Clinic

SIV Holders

- Medicaid
- Refugee Medical Assistance (RMA)
- Children's Health Insurance Program (CHIP)
- PeachCare for Kids
- Health Insurance Marketplace
- Grady Financial Assistance Program
- Georgia Free & Charitable Clinic

Victims of Trafficking

- Medicaid (for certified or eligible Victims of Trafficking)
- Children's Health Insurance Program (CHIP) (for certified or eligible Victims of Trafficking)
- PeachCare for Kids (for certified or eligible Victims of Trafficking)
- Health Insurance Marketplace
- HHS Services Grants
- Grady Financial Assistance Program
- Georgia Free & Charitable Clinic



WHAT TO KNOW BEFORE YOU HAVE AN EMERGENCY VISIT

In an **emergency**...

You may need emergency transportation.

This will be via air ambulance or ground ambulance. The vehicle sent to aid you may not be part of your insurance network, which can lead to a surprise bill.

A national law, the [No Surprise Act](#), only protects you from out-of-network surprise medical bills from [air ambulances](#). Ground ambulances, whether in Georgia or nationally, generally are not prohibited by law from charging full price.

You may need emergency room care at an out-of-network facility.

An emergency means you have to get to help regardless of your insurance coverage. If you are unable to get to an in-network location, you cannot be asked to leave or consent to additional charges unless:

- Your doctors determine you do not need emergency transportation to get to the in-network health care facility.
- The in-network facility is within a reasonable travel distance, considering your medical condition and has an available bed upon admitting you.
- You can give consent to the transfer and can understand what you are consenting to.

[Click here](#) for more information on consenting to out-of-network care.

If you require emergency attention, a hospital must accept and treat you even if you have an unpaid bill at their location.

Urgent care providers who are not licensed as “emergency service providers” are not covered by surprise billing laws.

You should **never** be given a “Surprise Billing Protection Form” during **emergency** care. This form allows out-of-network doctors to bill you for out-of-network services not covered by your health insurance plan.

If you are asked, or have been asked, to sign this form during emergency care, report the violation via the No Surprises complaint line at 1-800-985-3059 or [file a complaint](#) online.



UNDERSTANDING EXPLANATION OF BENEFITS (EOB) STATEMENTS



Shortly after a visit to the doctor, you may go to your mailbox and find a document (that looks suspiciously like a bill) from your health insurance company. Do not panic! This document is called an Explanation of Benefits (EOB) statement.

EXPLANATION OF BENEFITS (EOB) THIS IS NOT A BILL

 **INSURANCE COMPANY NAME**

Online: www.insurancecompany.com

18 Customer Service: 1-800-XXX-XXXX

Statement Date: XX/XX/20XX
Document Number: XXXXXXXXXXXXX

1 Member Name: Jorge Ramirez
7 Address: 123 Main Street, Apt. 301
San Antonio, TX 782XX

3 Member ID: XXX-XXXXXXXX-XX
Group Number: XXXXXX

2 Patient Name: Lisa Ramirez
Date Received: XX/XX/20XX

4 Relation: Dependent
Provider: Dr. Martha Flores

5 Claim Number: XXXXXXXXXXXXX
6 Date Paid: XX/XX/20XX

CLAIM DETAIL

	Date of Service	Service Description	Provider Charges	Allowed Charges	Discount	Co-Pay	Deductible	Co-Insurance	Paid by Insurer/Plan	Patient Responsibility	Remark Code
1	8 XX/XX/XX	Follow-up 9	\$150 10	\$110 11	\$40	\$30	-	-	\$80 15	\$30	1
2	XX/XX/XX	Labwork	\$70 10	\$50 11	\$20	- 14	- 13	\$10	\$40 17	\$10 16	12
TOTAL			\$220	\$160	\$60	\$30	-	\$10	\$120 17	\$40 16	

Remarks:

1 – Billed amount is higher than the maximum payment insurance allows. The payment is for the allowed amount.

WHAT'S AN EOB STATEMENT?

After any doctor's office or hospital visit, the healthcare provider files a medical claim (a request for payment) with your health insurer. **Before you receive a bill from your provider**, your health insurer sends you an EOB statement. "This is NOT a bill" usually appears somewhere on this statement. An EOB lays out how much your healthcare provider is charging your insurer, how much the insurer will pay, and how much you have paid or may have to pay. This amount is usually your co-pay, deductible, or any other balance due.



UNDERSTANDING EXPLANATION OF BENEFITS (EOB) STATEMENTS

Enrollee (or Subscriber) Name	1	Your name or the name of person who carries the insurance.
Patient Name	2	Your name or the name of person who received healthcare.
Patient # (or Member ID)	3	Special patient number on your insurance card.
Provider Name	4	The name of the doctor, clinic or hospital that submitted the claim for payment. Check to make sure that the right provider is listed.
Claim Number	5	Your insurance company assigns this number and uses it to identify the claim in their system.
Date Processed	6	The date on which the insurance company processed the claim.
Enrollee Address	7	Your address or the address of the person who is the insurance holder or carrier.
Dates of Service	8	When the healthcare service(s) was provided.
CPT Code	9	The code indicates what service(s) the provider performed. This code is the same everywhere and dictates the allowed amount. If the code is vague, or you're not sure from the description if the CPT code is correct, you can look up the code on the American Medical Association's website.
Charge Amount	10	How much the healthcare provider charged for the service(s) provided. Read this part closely to make sure you're not being charged for services you didn't receive or being double charged.
Allowed Amount (or Usual and Customary Charges)	11	How much the insurer has determined is reasonable for the services(s) rendered. Amount is usually determined by the geographic location of the provider. Ex. If the allowed amount is \$0.00, this means the insurer denied coverage for the service(s) and you may be responsible for the entire charge amount.
Remark Code	12	Explanation for why the insurer did not pay for a service or cover a certain amount. You may have to ask your insurer to explain the reason.
Deductible Amount	13	The amount you or the patient must pay for healthcare services before the health insurance begins to pay out for the services.
Co-Pay	14	Fixed upfront amount you or the patient must pay each time when seeking services from a healthcare provider.
Benefit Amount	15	The percentage amount the insurer will cover. It could be 100%, 80%, 40%, or some other percentage depending on your summary of benefits.
Due from Patient	16	The amount you or the patient must pay to the healthcare provider. This is the amount your insurer did not pay.
Payment Amount	17	The amount paid to the provider by the insurer.
Customer Service	18	This is the number you can use to contact the insurance company's customer service.



UNDERSTANDING EXPLANATION OF BENEFITS (EOB) STATEMENTS

**YOU HAVE YOUR EOB STATEMENT.
WHAT SHOULD YOU DO NEXT?**

Is there an error in your statement?

Call your insurance company's customer service number (listed on the EOB). Tell them your concerns.

Did your insurer tell you to follow up with your provider?

Follow your insurer's advice and call your provider's billing department.

Do you suspect fraud?
*(e.g. upcoding, unbundled fees, billing for unnecessary services you did not receive, etc.)**

Contact your insurance company's anti-fraud department.

When speaking to your insurer and your provider about errors, take detailed notes (including dates, times, names, and summaries of all conversations you have) until the matter is resolved. Ask them for a reference number for each call.

**See How to [Read Your Medical Bill](#) for information about upcoding and unbundled fees.*

THERE ARE NO PROBLEMS WITH YOUR EOB, BUT NOW WHAT DO YOU DO WITH IT?



When your medical bill arrives from the doctor's office or hospital, compare the EOB to your bill. There should be no differences or duplicate charges.



Keep your EOB. Store and file it for at least a year. Shred old ones to protect your personal information.



HOW TO READ YOUR MEDICAL BILL

After you receive an EOB statement from your insurance company (or after you receive care, if you are uninsured), you may receive a bill in the mail. Always open your mail and review all medical bills for accuracy.

PROVIDER LOGO HERE

MAILING ADDRESS
Your Name
Street Address
City, State, Zip

1 Account Summary

Account Number	123456789
Guarantor Name	Your Name
Healthcare Insurance	Insurance Company
Statement Date	MM/DD/YYYY
Due Date	MM/DD/YYYY
Balance Due	\$XXX.XX

Account Number: 123456789 Guarantor Name: Your Name

2 Date of Service	Description of Service	4 Charges	5 Adjustments	6 Insurance Paid	7 Balance Due
MM/DD/YY	Office Visit XXXXX 3	\$XXX.XX	(\$XXX.XX)	(\$XXX.XX)	\$XXX.XX
TOTAL AMOUNT YOU OWE					\$XXX.XX

8 Financial Assistance
For more information regarding our Financial Assistance policies, please contact our customer service team at 888.888.8888.

9 Ways to Pay
• Pay online at www.providername.com/billing
• To make a payment over the phone, call 888.888.8888
• Make checks payable to Provider Name and mail to the address below.

REMIT THE PAYMENT STUB WITH YOUR PAYMENT. KEEP THE TOP PORTION FOR YOUR RECORDS.

ONE-TIME CREDIT OR DEBIT CARD PAYMENT

CHECK CARD TYPE: VISA M/C D A

CREDIT CARD NUMBER:

PROVIDER MAILING ADDRESS
Provider Name
Street Address
City, State, Zip

TAKE ACTION RIGHT AWAY WHEN YOU GET A BILL. FIRST, UNDERSTAND YOUR BILL. USE THIS CHECKLIST TO HELP:



Who sent the bill? Was it a hospital, a doctor's office, a laboratory, or a clinic? Be aware that one care visit could result in many different bills.



Is the bill overdue? If the bill is from a law firm or a debt collection company, it's probably past due. You may have been sent the bill before. Take action as soon as possible. See [Debt Collection: Know Your Rights](#).



What is the bill for? If you don't know, call each entity that sent you a bill and ask for an "explanation of the charge."



What are the details of the bill? If the explanation is not clear, ask for an "itemized bill" with "CPT codes."

HOW TO READ YOUR MEDICAL BILL

1

Account Summary:

Brief synopsis of your account information and when your balance is due.

2

Date of Service:

When your service occurred. Typically 30 days prior to receiving bill.

3

Description of Service:

A brief description of your service. Depending on the healthcare provider, the medical code may be included.

4

Charges:

The price of the healthcare service.

5

Adjustments:

These include costs the healthcare provider decided not to charge.

6

Insurance Paid:

The amount your health insurance covered.

7

Balance Due:

This is the amount you owe after insurance.

8

Financial Assistance:

Healthcare providers offer financial options in order to better help you manage your medical expenses.

9

Ways to Pay:

Healthcare providers offer multiple channels for you to pay your medical bill. These can include online, over the phone or mail.



10

HOW TO READ YOUR MEDICAL BILL

Itemized Bill

A bill that lists the individual cost of each item purchased rather than just the total cost.

CPT Codes

These codes indicate what service(s) the provider performed.



Are there errors in the bill?

Use CPT codes to understand what you're paying for and to identify errors. The codes should match the ones in your EOB statement.

Look for common errors in the bill:

-  Check for "unbundled fees" and upcoding."
-  Operating room overcharges. Charges can range from \$69 to \$270 per minute. Compare your "anesthesia record" with your bill.
-  Supplies: (gowns, gloves, etc.) that are marked up well above actual costs for the items.
-  Billing for a private room when you were in a shared room.

Anesthesia Record

A record stating the time your surgery began and ended.

Unbundled Fees

These fees refer to when you are billed for a group of services under one code and again separately using a different code.

Upcoding

This refers to charging you for a higher level of service than you received.

What do I do if I find an error on my medical bill?

Make sure to:

- 1** Contact your medical provider's office. If possible, schedule an in-person appointment with the provider's billing office. Call if you can't meet in-person. Be polite when you explain the issue.
- 2** Take notes and keep records of each call you make, dates, who you talked to, and a summary of what was said and the reference number.
- 3** Call your insurance company to tell them about the error and request a correction.
- 4** **If the bill does not get adjusted:**
 - A. Pay the part of the bill that is correct.
 - B. Consider negotiating a payment plan or settlement amount with the provider in writing (See [How to Work Out a Plan to Pay Your Medical Bills](#)) or asking about any available financial assistance to help offset out-of-pocket costs (See [Paying Your Bill and Getting Financial Assistance](#)).
- 5** Check your credit report to find out if the entire bill, with errors, affects your credit score. See [Medical Debt and Your Credit Report](#).



WHAT TO KNOW ABOUT SURPRISE BILLING

What is a surprise medical bill?

Surprise medical bills occur when an insured patient goes to an out-of-network provider at an in-network office. Later, the patient gets a bill from their provider for the services not covered. This process, called balance or surprise billing, can leave the patient stuck with costly medical bills.

What do you do if you get a surprise medical bill?

With health insurance:

You are not responsible for surprise bills. You are only responsible for paying your share of the cost (i.e., copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly. Health care providers are responsible for requesting your health insurance information and informing you if they are out-of-network. They must request a signed authorization document in order to provide their services and inform you of the higher costs likely to come with this option. Contact your health insurance plan and health care provider to inform them you believe you have received an illegal out-of-network bill. You should also [submit a complaint](#).

If you believe your insurance provider has not provided proper services regarding coverage or appeals, reach out to the Georgia Office of the Commissioner of Insurance and Safety Fire at (404) 656-2070 or consumer@oci.ga.gov, and toll-free at (800) 656-2298.

Without health insurance:

You should receive and/or request a **good faith estimate** of costs prior to a scheduled appointment. If the bill you receive is more than \$400 over the estimate you were provided, you have 120 calendar days to dispute it. [Click here](#) to see if you are eligible to dispute your bill, and [click here](#) for more information on uninsured patient rights.

If you believe your health services provider misrepresented their costs or services, reach out to the Georgia Department of Law's Consumer Protection Division at (800)458-3800 or file an online complaint [here](#).

CONTACT INFORMATION AND RESOURCES FOR THE SURPRISE BILLING RESOLUTION PROCESS

[No Surprises Act Consumer Webpage](#), also [en Español](#)

[New Protections for Consumers](#)

[Payment Dispute Webpage](#)

[Submit a Complaint](#)

[Find an Action Plan](#)

[General Resources](#)

You may not have to pay your hospital bill—some hospitals offer discounts or bill forgiveness based on income.

[See if you qualify!](#)



MEDICAL DEBT AND YOUR CREDIT REPORT

Medical debt can appear on your credit report and potentially affect your credit score. To protect your credit, it is important to understand credit reporting and how to check your credit report for accuracy.

WHAT IS A CREDIT REPORT?

A credit report details your credit history, such as loan paying history (e.g. how often you make payments on time, how much you owe, any past due amounts), credit cards (balances, limits, timeliness of payments, etc.), accounts sent to debt collections, and other credit accounts. Lenders use these reports to make lending decisions. Visit the Consumer Financial Protection Bureau [HERE](#) to learn more.



CHECK YOUR CREDIT REPORT: CHECKLIST

Review your credit reports for accuracy.

Are the following accurate and correct?

- Your name, ssn, date of birth, address(es)
- Information related to medical care & medical debts
- Any other information listed in the public records section and in the collection account section

Check that debts listed in the collection section have accurate balances in the account information section.

Make sure there are no debts or other information that do not belong to you.

Follow up about any medical debts listed.

The credit bureaus will wait 180 days from the date a medical bill is past due before adding the medical debt to your credit report. This waiting period gives you time to receive and pay the bill. Additionally, they should take the debt off your report as soon as it is paid by you or an insurance company.

Filing a Dispute with the Credit Bureau: To learn when and how to file a dispute about medical debt, see "Disputing Errors on Credit Reports" at the Federal Trade Commission's website [HERE](#).

Credit bureaus—Experian, Transunion and Equifax—must assign trained employees to review disputes even when a creditor (your doctor or their collections agency) says the bill is correct.



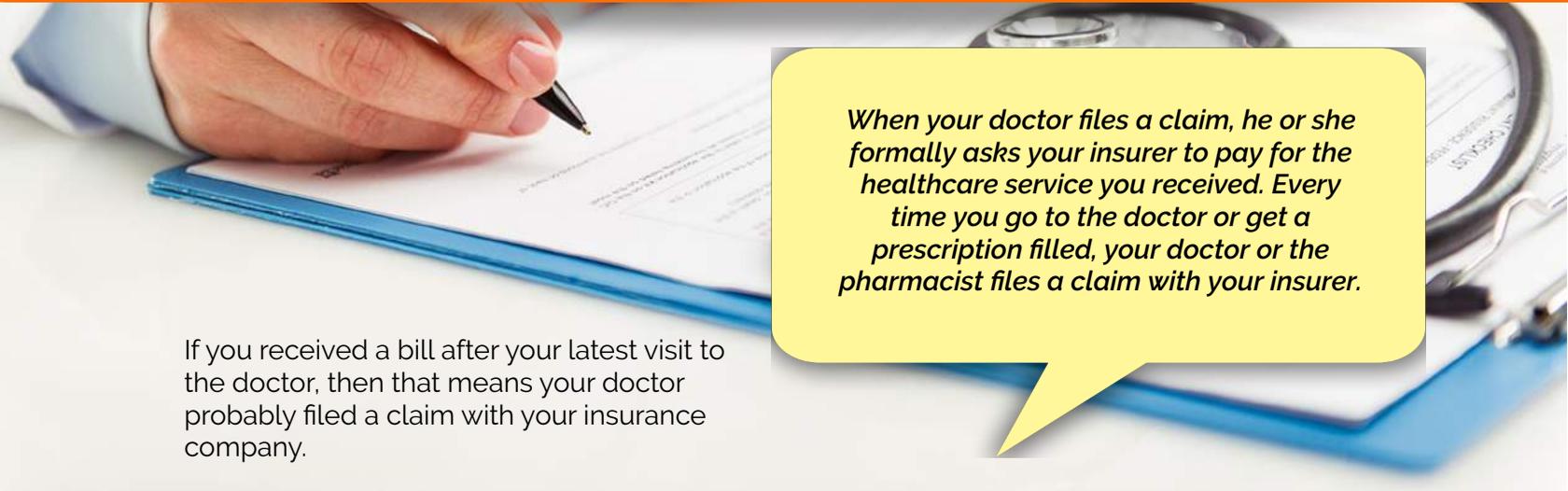
Dealing with an Error: For more information about credit reports and what to do when you spot an error, visit the CFPB [HERE](#).

CREDIT REPORT PROTECTIONS

The Consumer Financial Protection Bureau (CFPB) has established requirements to protect consumers with medical debt. Credit reporting agencies must now report certain information about medical debt to the CFPB so that it can monitor the accuracy of medical debt reporting. Learn more [HERE](#).



WHAT YOU NEED TO KNOW ABOUT FILING AN APPEAL WITH YOUR INSURER



When your doctor files a claim, he or she formally asks your insurer to pay for the healthcare service you received. Every time you go to the doctor or get a prescription filled, your doctor or the pharmacist files a claim with your insurer.

If you received a bill after your latest visit to the doctor, then that means your doctor probably filed a claim with your insurance company.

Most of the time, your insurer will pay the claim (meaning your insurer will send money directly to your doctor).

But, sometimes, your insurer will not agree to pay the claim, or your insurer may only pay part of the claim. If your health insurance company will not pay for something you think should be covered, you have the **right to appeal**.

APPEAL. An appeal means you are asking your insurer to reconsider its decision to not pay for a certain portion of your care.

- Your insurer must explain why it has denied your claim or ended your coverage.
- Your EOB statement should explain some of your appeal rights.
- Your insurer must inform you about your right to dispute their decisions.
- You can call your insurer to get information about your appeal rights.

Two Levels of Appeal:

1: Internal Appeal

Your insurer reviews its payment decision in a full and fair way.

You have 180 days (from the time you find out your claim has been denied) to file this appeal.

2: External Appeal

If the insurer still decides they will not pay for the service, then you can ask the Georgia Department of Insurance to review your claim.

You have 60 days from the results of the internal appeal to file this appeal



WHAT YOU NEED TO KNOW ABOUT FILING AN APPEAL WITH YOUR INSURER

HOW DO YOU
FILE AN APPEAL?

**FOLLOW
THESE
STEPS:**

STEP 1

FILE AN INTERNAL APPEAL

Ask your insurer about how to file an internal appeal and follow the instructions your insurer provides.

OR...

Write a letter to your insurer. Include your name, claim number, health insurance ID number, and any additional information you want the insurer to know (such as a letter from your doctor).

STEP 2

WAIT FOR YOUR INSURER'S RESPONSE

Your insurer will either change its mind and pay the claim, or it will stick with the decision to not pay.

If your insurer still refuses to pay, you can now ask for an external review. You have 60 days from the results of your internal appeal to file an external appeal with the Georgia DOI.

If you have an urgent health need, you should request an external review at the same time you file your internal appeal.

STEP 3

GEORGIA DEPARTMENT OF INSURANCE (DOI) WILL MAKE A FINAL DECISION

TO... Support your insurer's denial,
(you'll have to pay the claim)
OR...

Support you and make the company pay the insurance claim. Your insurer is required by law to accept the DOI's decision.



While you can file an appeal on your own, you may benefit from having a patient advocate or attorney help you make a strong case in your appeal that your care should be covered. For more information about appeals, you can contact Georgians for a Healthy Future to get help at (404)-567-5016.



HOW TO WORK OUT A PLAN TO PAY YOUR MEDICAL BILLS

If you receive a medical bill that you can't afford to pay, you can often negotiate to pay a lower amount. Many providers are willing to reduce their fees or let you pay over time.

STEP ONE: To determine whether you can pay the entire bill, consider your finances.

Know Your Financial Situation

Create a list of other debts and bills.
Figure out which to pay first (e.g. mortgage, utilities, taxes, child support, etc.).

Don't Put Medical Bills on Credit Cards

Credit cards have high interest rates and harsh late penalties.

STEP TWO: After evaluating your finances, if you determine that you can't pay the entire bill, it's time to call your provider and negotiate to pay a lower amount. Keep the following things in mind:

Be polite and persistent. 

Know the typical costs of procedures. 

-  This can help inform you about whether you are being charged too much.
-  To research typical charges and make comparisons, see:
 - **Healthcare Bluebook.**
 - **Fair Health Consumer,**
 - **Your insurance provider's website.**

Know the medical terms. Ask what medical terms mean. 

-  Knowing the medical terms can help you better understand the language on your bill describing services.

Request to pay a lower amount. 

-  If you agree to make a lower lump sum payment, the provider might agree to accept that amount for the entire bill. You can also ask for a discount based on your financial circumstances.

Request a payment plan. 

-  Request an interest-free payment plan.
-  Get bills, costs, payment plan and any other agreements IN WRITING.
-  Don't sign any payment plan that says you must pay the entire bill as a penalty if you miss a payment.
-  Ask your provider not to send your bill to a debt collector or report the debt to a credit bureau while you are making payments under the plan.
-  Make sure the provider gives you monthly statements showing the unpaid amount due and the paid amount.



PAYING YOUR BILL AND GETTING FINANCIAL ASSISTANCE

Use this basic checklist when seeking financial assistance from your hospital or healthcare provider.

Financial Assistance Checklist

- Check your bill and/or the provider's website for any notices and information about a financial assistance policy
- Contact the provider's financial counselor or the billing office to ask about whether the provider has a financial assistance policy
- Ask the provider to "write-off," "forgive," or "cancel" some or all of the bill
- Ask to get any financial assistance agreement in writing
- Follow up to make sure the bill is not on your credit report

But keep in mind...

Even if you get help with the bill, you might still owe money to doctors and other providers that saw you during the visit.

Request financial assistance from each doctor and provider who saw you.

Doctors do not have the same obligations that nonprofit hospitals do to provide financial assistance.



PAYING YOUR BILL AND GETTING FINANCIAL ASSISTANCE

GETTING FINANCIAL ASSISTANCE AT HOSPITALS

Information about the policy must be posted online and distributed or displayed in paper form. Hospitals must notify visitors and members of the public about the policy. Patients must be provided a clear summary of the policy at either intake or discharge, and written notice of the policy must appear on any billing statement.

Under current federal healthcare law, nonprofit hospitals must develop and implement written financial assistance policies and widely publicize the policies so that patients and the public can easily find, understand, and use them.

What information can you expect to find in a hospital's financial assistance policy?

- All levels of financial assistance (such as free or discounted care) available, and the eligibility criteria for each level
- How to apply for financial assistance
- How the hospital calculates patient charges
- Statement that patients eligible for financial assistance may not be charged more than the amounts generally billed to insured patients
- Steps the hospital might take to collect an outstanding bill
- Any third-party sources the hospital uses to determine whether a patient is eligible for financial assistance
- A complete list of providers covered by the policy
- Contact information, including a physical location and phone number, for the hospital department or office that can provide more information
- A description of all information and documentation the patient must provide

INDIGENT CARE TRUST FUND (ICTF)

ICTF is a state program that pays many hospitals to provide healthcare for low-income people for free or on a sliding scale.

Hospitals that participate must provide financial assistance to low-income patients.

Ask about ICTF. Hospitals must let you know about ICTF.

You can also find out whether your hospital participates in the ICTF by contacting your hospital's billing office or the Department of Community Health.

RETROACTIVE MEDICAID ELIGIBILITY

You may qualify for Medicaid even if you've already received hospital care. Most Medicaid will reimburse bills retroactively as long as they're less than three months old. For more information, see [Georgians for a Healthy Future's consumer guide on Medicaid](#) [HERE](#).

OTHER RESOURCES

Visit the hospital's website for more info about bill payment options and financial assistance. You can also talk to legal services or a consumer assistance program in your community about whether you have rights to free or low-cost healthcare.

[See Additional Resources for more information.](#)



WHAT YOU NEED TO KNOW ABOUT FILING FOR BANKRUPTCY

If you feel like you've reached the edge of the financial cliff, you may be considering bankruptcy. But before you file, it's important to consult an attorney and/or financial counselor and weigh the pros and cons. The information in this section should NOT be considered a substitute for legal advice.



IS BANKRUPTCY RIGHT FOR ME?

If you don't have much income or property, bankruptcy may not be necessary or helpful because you may be considered "collection proof." This means even if providers or collectors sue you to collect debts, your income can't be garnished and you can't be forced to pay because all of your income and property are protected by law. For example, many federal benefits, like social security, are exempt from garnishment from medical debts.

WHAT IS BANKRUPTCY?

Bankruptcy is a federal court process intended to help consumers eliminate their debts or repay them under the protection of the bankruptcy court.

WHAT ARE SOME TYPES OF BANKRUPTCY?

There are two major types of bankruptcy: **Chapter 7** and **Chapter 13**.

Chapter 7 – FAQs

There is no minimum amount of debt you must have in order to file.

You have to file in court, for a non-waivable fee. You may be allowed to pay this in installments.

The court erases almost all of your debts, and on the day you file, you receive immediate protection from debt collectors and wage garnishments.

But not so fast! Although you've cleared your debts, you might still have to sell some property and assets to pay creditors.

Fortunately, any wages you earn and property you acquire (except for inheritances) after you file are yours to keep.

Chapter 13 – FAQs

It is designed for people with stable incomes who believe they can repay all their debts eventually.

You have to file in court, for a non-waivable fee.

The court does not erase your debts. Instead, the court creates a repayment plan to help you pay off your debts.

More debts are considered under Chapter 13 than under Chapter 7.

Fortunately, any wages you earn and property you acquire (except for inheritances) after you file are yours to keep.



WHAT YOU NEED TO KNOW ABOUT FILING FOR BANKRUPTCY

Here are the steps you must take to file for bankruptcy:

BEFORE YOU FILE: SEEK HELP FROM A CONSUMER CREDIT COUNSELING SERVICE TO DETERMINE YOUR OPTIONS. THIS IS REQUIRED BY LAW.

There are state and federal organizations that provide consumer credit counseling and advice. See "Consumer Credit Counseling" in [Additional Resources](#)

NOW THAT YOU'RE READY TO BEGIN THE BANKRUPTCY PROCESS: GATHER YOUR FINANCES!

Current income sources	Major financial transactions for the past two years	Monthly living expenses	All debts	Property and assets, not just real estate	Your past two years' tax returns, deeds, car
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FILE FOR BANKRUPTCY, ON YOUR OWN OR WITH THE HELP OF AN ATTORNEY.

Determine which property (e.g. pensions, insurance, public benefits, etc.) you believe is exempt from seizure, based on Georgia law.

File a two-page petition and several other forms (called schedules) at your Georgia district bankruptcy court.

A MONTH AFTER YOU FILE...

Trustees will call a meeting of creditors. You will receive notice of the location of the meeting. You must attend this meeting.

SPECIAL ADDITIONAL FILING REQUIREMENTS FOR CHAPTER 13

In addition to the general filing requirements for bankruptcy, for Chapter 13, you must submit a proposed repayment plan:

- Priority claims (such as taxes and back child support) must be paid in full, while unsecured debts (such as credit card debt and medical bills) are usually paid in part.
- The repayment plan must 1) be delivered in good faith, 2) ensure unsecured creditors will be paid at least as much as if you had filed Chapter 7 bankruptcy, and 3) ensure that all disposable income will be paid into the plan for at least 3 years.
- A hearing is necessary before the judge will either confirm or deny the repayment plan.
- If the judge confirms your plan and you make good on it, any remaining balance on dischargeable debts you owe will be eliminated at the end of your term.

To learn more about bankruptcy in Georgia, visit the [U.S. Bankruptcy Court Northern District of Georgia's website HERE](#).



DEBT COLLECTION: KNOW YOUR RIGHTS

Debt Collector

A person or a company that regularly collects debts owed to others, usually when those debts are past due.

Are you experiencing abusive, deceptive, or unfair behavior from debt collectors? There are federal and state laws that protect you from such debt collection practices.

WHAT ARE SOME OF YOUR RIGHTS UNDER FEDERAL LAW?

Fair Debt Collection Practices Act (FDCPA). This federal law prohibits debt collectors from:

Calling you at work if your employer doesn't allow calls.

Calling you before 8am or after 9pm.

Telling your friends, family, or coworkers about your medical debt.

Harassing, threatening violence or harm, using obscene language, publishing your name in a list of people who owe debt.

Making false statements about your debt (e.g. threatening to file a lawsuit if they have no plans to do so).

Contacting you after you've written to tell them to stop contacting you.

What can you do if you think a debt collector has violated your rights under the FDCPA?

The Consumer Financial Protection Bureau (CFPB) enforces the FDCPA and other consumer protection laws that prohibit unfair and deceptive practices. If you believe your rights have been violated, visit the [CFPB's](#) website [HERE](#) to find out how to submit a complaint. You may be able to sue to stop the violator or even receive compensation for the harm you suffered. Learn more [HERE](#).



DEBT COLLECTION: KNOW YOUR RIGHTS

Remember: even if a debt collector violates the FDCPA in trying to collect a debt, the debt does not go away if you owe it. If you are sued by a debt collector, do not ignore the lawsuit.

Watch this Atlanta Legal Aid video [HERE](#) for information about what to do if you are sued by a debt collector.

Under [federal law](#), nonprofit hospitals can't engage in "extraordinary" debt collection actions for 120 days after the first bill is sent until they make a reasonable effort to determine a patient's eligibility for financial assistance.

"Extraordinary" debt collection actions include:

- Suing a patient, filing property liens and foreclosures, attaching bank accounts and garnishing wages, or arrests
- Selling your debt to a third party
- Reporting adverse information to credit reporting agencies



This limitation applies only to nonprofit hospitals and does not apply to for-profit hospitals, ambulance services, or healthcare providers not employed by a nonprofit hospital. These requirements for nonprofit hospitals are expected to continue regardless of whether other parts of the Affordable Care Act are repealed.

Truth in Lending Act (TILA).

Under this federal law, you have the right to know the details of your payment plan.

- A payment plan or credit arrangement is subject to TILA if the following are true:
 - o You were given the option to defer paying your debt, and
 - o The provider or hospital imposed a finance charge or payment of the debt in more than four installments, and
 - o The provider or hospital regularly extends credit.

If those three factors are true, TILA requires the provider or hospital to clearly disclose to you the terms (including interest, late fees, and consequences for missed payment) before entering into any payment plan or credit arrangement.

What can you do if you think a hospital or provider has violated your rights under TILA?

You can sue under TILA within one year from the date the violation occurred. If TILA applies to the payment plan and the healthcare provider failed to make the necessary disclosures, the court may require them to compensate you for harm you suffered due to the violation.

Fair Credit Reporting Act (FCRA).

This federal law requires credit reporting agencies (CRAs) to ensure that your information is fair and accurate and kept private. A CRA is any entity that collects and furnishes credit or certain other information about you for particular uses. A common type of CRA is a credit bureau, such as Transunion, Equifax, or Experian. However, a CRA also includes a company or person who collects and sells criminal background check information, tenant screening, checking account screening, and more.



DEBT COLLECTION: KNOW YOUR RIGHTS

Under the FCRA, you have the following basic rights regarding your information on file at a CRA:

- You must be told if information in your file has been used against you.
- You have the right to know what is in your file.
- You have the right to dispute incomplete or inaccurate information.
- CRAs must correct or delete inaccurate, incomplete, or unverifiable information.
- CRAs may not report outdated negative information, generally after 7 years or 10 years for a bankruptcy.
- Access to your file is available only to people with a valid need (e.g. to an insurer, employer, landlord, or other business with whom you applied for credit).
- You must give your consent for reports to be provided to employers.



What can you do if you think there is inaccurate information on your credit report about a medical debt?

You should submit a dispute about the inaccurate information to the credit bureau that is reporting it, with a copy to the debt collector that provided the information. For advice on disputing credit reporting errors, see *National Consumer Law Center's "Disputing Errors in a Credit Report" HERE*.

See also [Medical Debt and Your Credit Report](#).

If you believe a CRA has violated your rights under the Fair Credit Reporting Act, you may be able to sue them in state or federal court. **Visit the CFPB's website HERE** for more information.

WHAT ARE SOME OF YOUR RIGHTS UNDER GEORGIA LAW?

The Georgia Fair Business Practices Act (FBPA).

This law prohibits unfair and deceptive acts or practices in consumer transactions.

Some examples of unfair and deceptive acts include but are not limited to:

- Claiming falsely that services are of a particular quality or grade
- Making false or misleading statements about another business or its services
- Advertising services with the intent not to sell them as advertised
- Passing off services as those of another

Under the FBPA, any hospital or long-term care facility must also provide you with an itemized statement of all charges within *six days after you have been released from its care as an inpatient*.

If you believe your rights under FBPA have been violated and you made efforts to resolve the problem with the collector, **you can file a complaint HERE** with the Georgia Department of Law's Consumer Protection Division at the Attorney General's Office. If the collector has shown a pattern of similar violations, the Department may launch an investigation.

Patient Right to Know Law (O.C.G.A. Section 43-34A-5). You have the right to ask in advance about estimated charges for routine office visits, routine treatments, and lab tests. Providers must disclose this information if you request it. If you believe your rights under this law have been violated, you can file a complaint with the Georgia Department of Law. Learn more [HERE](#).



DEBT COLLECTION: KNOW YOUR RIGHTS

GOVERNMENT AGENCIES YOU SHOULD KNOW

Federal Trade Commission can help you find the appropriate agency to contact about your concerns.

Want More Information About Your Legal Rights?

Visit:
the [WEBSITE](#)
to learn more about your basic legal rights against fraudulent, unfair, and deceptive practices.

Got a Consumer Complaint? Call the southeast region office at 877-FTC-HELP (382-4357) or visit the FTC [HERE](#).

The Consumer Financial Protection Bureau (CFPB)

regulates banks, lenders, and other financial companies. It works to protect you and other consumers from unfair practices by these organizations.

Questions about the CFPB?

If you have questions about the CFPB or want to submit a complaint against a debt collector, call (855) 411-2372 or visit the [Website](#)

The Georgia Department of Law's Consumer Protection Division

enforces the FBPA and accepts complaints from consumers about unfair and deceptive acts and practices in consumer transactions. The Division investigates consumer complaints, takes legal action against violators and publishes consumer education materials and alert warnings.

Questions about the Division?

If you have questions about the Division or want to submit a complaint against a debt collector, visit:
the [Website](#)
Call 404-651-8600,
or 1-800-869-1123.



ADDITIONAL RESOURCES

Atlanta Legal Aid Society, Inc.

To find out how to contact your local office to find out whether your income qualifies you for free legal assistance, visit [HERE](#).

This is the legal services provider for the following metro Atlanta counties: Cobb, Gwinnett, Dekalb, Fulton, and Clayton.

Community Catalyst

See **Medical Bills: Everything You Need to Know About Your Rights** [HERE](#).

For information about filing a consumer complaint about health insurance, see [HERE](#).

To learn more about hospital financial assistance policies, visit [HERE](#).

Consumer Credit Counseling

For a list of federally-approved credit counselors in Georgia, visit the Department of Justice [HERE](#).

For information about how to choose a credit counselor, visit the Federal Trade Commission [HERE](#).

Consumers Union

For information about surprise out-of-network bills, visit [HERE](#).

Co-Patient

For help navigating healthcare expenses and managing bills, visit [HERE](#). This is a paid service.

Department of Community Health

To learn about the Indigent Care Trust Fund and Medicaid options, visit [HERE](#) or call 404-656-4507.

Families USA

See **A Consumer Guide to Coping with Medical Debt** [HERE](#).

Georgia Legal Aid

If you are looking for online help or tips about your rights as a consumer, visit [HERE](#).

Georgia Legal Services Program

To find out whether your income qualifies you for free legal assistance, visit [HERE](#) or call 1-800-498-9469. This is the legal services provider outside of metro Atlanta.

Georgia Medical Bill Assistance

For online information about bill assistance and medical debt, visit [HERE](#).



ADDITIONAL RESOURCES

Georgia Watch's Health Access Program

Contact the Health Access Program toll free at (866) 339-2824.

Visit our website [HERE](#) for information about surprise billing and other resources, including our Healthcare Affordability Primer.

Georgians for a Healthy Future

For help with filing an appeal and guidance about using your insurance, call (404)-567-5016.

See resources and consumer guides [HERE](#).

National Association of Consumer Advocates (NACA)

If you are looking for an attorney with experience, you can visit [HERE](#).

National Consumer Law Center

For more consumer resources, visit NCLC [HERE](#).

Pathfinder Patient Advocacy

To learn about how to navigate healthcare costs and network providers, see [HERE](#).

To learn about navigating network providers, see [HERE](#).

For help with appeals or billing disputes, contact (404) 687-6998 or

Info@PathfinderPatientAdvocacy.com. This is a paid service.

Patient Advocate Foundation

Nonprofit that serves as a liaison to help solve insurance and financial problems related to healthcare.

Provides one-on-one case management, financial assistance, co-pay relief, outreach and support.

To talk with a member of the foundation's Patient Services, call 1-800-532-5274.

See also Navigating the Insurance Appeals Process [HERE](#).



IMPORTANT TERMS YOU SHOULD KNOW

Adjustment – The amount the healthcare provider has agreed not to charge.

Allowed Amount (or Usual and Customary Charges) – How much the insurer has determined is reasonable for the services(s) rendered. Amount is usually determined by the geographic location of the provider. The benefit amount is often different for in-network and out-of-network care.

Amounts Generally Billed (AGB) – The amounts generally billed by a hospital for emergency or other medically necessary care to individuals who have insurance covering such care. AGB calculations can vary among facilities.

Appeal – A request that you must send to your insurer asking them to reconsider their decision to not pay for a certain portion of your care.

Attach – A legal process by which a court, at the request of a creditor, transfers your property to a creditor or requires the property be sold for the benefit of the creditor.
Bankruptcy - Bankruptcy is a federal court process intended to help consumers eliminate their debts or repay them under the protection of the bankruptcy court.

Benefit Amount – The percentage that the insurer will cover for healthcare after the deductible has been met. It could be 100%, 80%, 40%, or some other percentage depending on your schedule of benefits.

Charge Amount – The amount the healthcare provider has decided to charge for the service(s).

Claim – A request for payment that you or your healthcare provider submits to your insurer when you get items or services you think are covered. Your insurance company assigns this number and uses it to identify the claim in their system.

Co-Pay – A fixed amount that you pay for covered healthcare services or prescriptions, usually when you receive the service. This amount is generally lower for a primary care doctor and higher for a specialist.

CPT Code – The code indicates what service(s) the provider performed. This code is the same everywhere and dictates the payment allowances. If the code is vague, or you're not sure from the description if the CPT code is correct, you can look up the code on the American Medical Association's website.

Credit Bureau (or Credit Reporting Agency) – Any entity that collects and furnishes credit or certain other information about you for particular uses. The three biggest bureaus are Experian, Transunion, and Equifax.

Creditor – A person or company to whom you owe money.

Debt Collector – A person or a company that regularly collects debts owed to others, usually when those debts are past due.



IMPORTANT TERMS YOU SHOULD KNOW

Deductible– How much you owe for services (that your insurance covers) before your health insurance begins to pay. In other words, this is the amount you will pay in a plan year before the insurance company pays any benefits under the plan, other than guaranteed preventive healthcare services.

Dischargeable Debts – Debts for which the Bankruptcy Code allows your personal liability (responsibility to pay) to be eliminated.

Exemption (or Exempt Property) – Property you own that the law allows you to keep.

Financial Counselor – Persons or entities that offer services to help you organize and manage your finances.

For-profit Hospitals – Hospitals that are owned by investors or shareholders; these hospitals attempt to make a profit for their investors and shareholders and do not have the same financial assistance obligations as nonprofit hospitals.

Garnishment – A legal process that allows creditors to seize your property, credit, salary, or wages, for the purposes of paying off a debt. This must be authorized by federal, state, or local law.

Healthcare (or Medical) Provider – Any medical professional that has provided a healthcare service to you. This includes doctors or physicians, pharmacists, laboratory professionals, therapists, nurses, medical social workers, radiologists, and medical facilities.

Indigent Care Trust Fund – A Georgia state program that pays many hospitals to provide healthcare for low-income people for free on a sliding scale.

In-Network – The healthcare provider has contracted with your insurance company to accept certain negotiated (i.e. discounted) rates.

Inpatient – A person who is formally admitted to the hospital under doctor's supervision and remains there while under treatment.

Intake – The process you go through when admitted to a healthcare facility; during this process, the healthcare provider or facility gathers data regarding your health history and other pertinent personal information.

Itemized Bill – A bill that lists the individual cost of each item purchased rather than just the total cost.

Low-income – A category or designation often determined by examining the following factors: household size, wages and income, geographic location, and sometimes living expenses.

Nonprofit Hospitals – The IRS requires that these hospitals provide certain benefits to the community and financial assistance to low-income patients in exchange for their tax-exempt status); these are "tax-exempt" hospitals, meaning they do not pay federal income or state and local property taxes.



IMPORTANT TERMS YOU SHOULD KNOW

Out-of-Network – The healthcare provider has not contracted with your insurance company to accept certain negotiated (i.e. discounted) rates. You may be responsible for additional costs.

Preventive Healthcare – Routine care that includes screenings, yearly check-ups, and patient counseling to prevent illnesses, disease, or other health problems; these services are generally free to you, meaning they don't require payment of a co-pay or deductible amount.

Priority Claims (or Priority Debts) – In a bankruptcy context, an unsecured claim that is entitled to be paid ahead of other unsecured claims that are not entitled to priority status. Priority refers to the order in which these unsecured claims are to be paid.

Sliding Scale – Different levels of discount or financial assistance offered to consumers based on their income or financial circumstances.

Summary of Benefits – A brief but detailed overview of your insurance plan, including an outline of coverage benefits and expenses you will have to pay out-of-pocket.

Unbundled Fees – These fees refer to when you are billed for a group of services under one code and again separately using a different code. For example, a laboratory might order a set of blood tests and, instead of billing you for the one set, bill you for each test separately.

Unsecured Debts (or Unsecured Claims) – In a bankruptcy context, a claim or debt for which a creditor holds no special assurance of payment, such as a mortgage or lien; a debt for which credit was extended based solely upon the creditor's assessment of the debtor's future ability to pay (e.g. credit card and student loan debts are unsecured debts).

Upcoding – This refers to charging you for a higher level of service than you received. For example, a provider might bill you for a motorized scooter although you were supplied with a less expensive manual wheelchair.





Georgia Watch

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