

Letter Disputing Medical Debt or Asserting Defenses

To whom: This letter should be sent to the health provider/debt collector by the patient, either insured or uninsured, or the person such as a parent responsible for paying the medical debt. Fill in the information indicated in the brackets and then delete the brackets. The letter also contains instructions on how to complete the letter that are in all capital letters and inside brackets and those instructions and brackets should also be deleted before you send the letter.

Purpose: To assert a defense to payment. It is possible that the letter could induce the recipient to back off efforts to collect the debt from you because it shows that you have a good defense and/or because it shows that you will oppose any lawsuit filed against you and in that case, they might not feel that it is worth the time and expense of trying to collect from you.

Note that to best understand which defenses contained in the letter apply to you and your situation, you should read the Manual, especially Chapter 4, which describes the legal defenses that are available in a lawsuit for medical debt.

(DATE)

(PROVIDER OR DEBT COLLECTOR NAME

ADDRESS)

Re: Invoice No. _____

Bill Amount \$_____

Services Rendered on _____ (Date(s)) _____

Dear (Dr. _____/ Hospital / Practice / Debt Collector or Collection Agent):

I am writing you in regard to the aforementioned medical bill for \$_____, Invoice No. _____. I do not believe that I owe that amount (or a portion of that amount—say what portion) for the following reasons.

(CHECK ALL THAT APPLY AND DELETE THOSE THAT DO NOT APPLY TO YOU—THESE REASONS ARE THE SAME ONES CONTAINED IN THE DRAFT FORM OF ANSWER INCLUDED IN THIS APPENDIX):

_____ I have already paid the bill in full. (Attach proof of payment.)

_____ The amount of the bill is incorrect. (State what the correct amount should be and why?)

_____ The bill is for medical goods and services that I did not receive, in whole or in part. (Explain below what goods and services you did receive, if any, and specify which ones you did not receive.)

_____ I am a victim of identity theft and the bill appears to be for medical services that were provided to someone other than me. (Explain and attach documents that prove this.)

_____ The debt was already sued on and the matter was resolved. (Explain and attach documents that prove this.)

_____ I am in the military and on active duty and thus entitled to all the protections of the Servicemembers Civil Relief Act, which include protection from debt collection. (Attach documentation showing active-duty military status.)

_____ More than six years have passed since the debt was incurred and thus the statute of limitations has expired and the debt can no longer be sued on. (If the bill does not reflect the date or dates on which the medical services were provided, attach documents that show this information.)

_____ The debt has been discharged in bankruptcy. (Attach documents to prove this or at least provide the docket number of the bankruptcy case and the date the discharge was granted.)

_____ This debt (or a portion of the debt) was reported to a credit reporting agency in violation of the Louisa Carman Medical Debt Relief Act, N.J. P.L.2024, c.48, and thus the debt (or the portion of the debt that was reported) is void and can no longer be collected from me or anyone else. (Use this only if the debt was incurred after the law went into effect on July 22, 2024.)

_____ I have not been offered a Reasonable Payment Plan as required by the Louisa Carman Medical Debt Relief Act, N.J. P.L.2024, c.48, or I was offered a Plan, but it was not reasonable because the monthly payments exceeded 3% of my income or the interest was greater than 3% per year. (Use this only after the law goes into effect on July 22, 2025 and attach any relevant documentation indicating that the plan that was offered was not reasonable.)

_____ The amount charged is above the amount I am legally obligated to pay because it was for care that was medically necessary and I am on Medicaid or NJ FamilyCare and should not have received any bill for such care.

_____ The bill violates the law because it is for hospital care and the amount appears to be above 115% of the Medicare reimbursement rate, even though my family's gross income is below 500% of the Federal Poverty Level.

_____ The bill is for care provided in a hospital and I was found eligible for Charity Care based on family gross income below 300% of the Federal Poverty Level and

should not have been billed for any of the services I received in the hospital. (This is something you should argue for whether the bill is from the hospital itself or from an individual health care provider or providers who provided services at the hospital even if they assert that Charity Care does not cover their services.)

_____ The bill is for care provided in a hospital and because my family gross income was below 300% of the Federal Poverty Level at the time, I would have been found eligible for Charity Care but I was not offered an application and thus did not apply for it. It is therefore against the law to bill me for these services.

_____ The bill reflects out-of-network charges for health care I received even though I was never informed that the provider (or providers or the facility) was out-of-network and/or I never consented to out-of-network care and any resulting higher cost due to lower insurance reimbursement and I thus need pay only the in-network charges for the services. (This one can only be used by those who are insured and it means that you will still have to pay for the services but only the lesser, in-network amount.)

_____ I am uninsured and before I received the health care services reflected in the medical bill identified above, I asked for and received from the provider or providers a Good Faith Estimate of what those services would cost and the amount of the bill turned out to be more than 10% higher than the Estimate. (Attach a copy of the Good Faith Estimate you received.)

_____ I am insured and my insurer denied coverage, in whole or in part, for the health care services reflected in the medical bill identified above and my appeal from that denial or partial denial has not yet been resolved and thus any attempt to collect the debt from me is premature and must await a decision on the appeal. (Attach a copy of the appeal letter submitted to insurance company or any document issued by the insurance company acknowledging receipt of your appeal.)

_____ You are not a health care provider and provided no health care services to me and cannot collect any amount from me unless you can prove that you are entitled to do so by virtue of a specific transfer or assignment of the debt referenced above. (Obviously, this one can only be selected if you have been contacted by a debt collector rather than the health care provider.)

_____ I reached an agreement with the health care provider or with someone collecting the debt on their behalf or to whom the debt was assigned or transferred to pay a lower amount to satisfy the debt referenced above and I have satisfied the terms of that agreement and thus no longer owe the debt or am in the process of satisfying the agreement and thus currently owe only a lesser amount that I will satisfy in accordance with the agreement. (Attach a copy of the agreement and/or proof of payment or receipt of payment.

_____ I did not request or agree to the goods or services.

_____ (Set forth any other reason you might have about why the money is not owed.)

For all the reasons stated above, I will not be paying this bill (or the \$_____ portion of it not owed) and if you continue to pursue this matter, I will defend myself in court and assert the above defenses.

Sincerely,

(Name of Patient
Address of Patient
Phone Number
Email Address)

Attachments