

April 26, 1993

C-SPAN
400 North Capitol St NW #650
Washington, DC 20001

Dear C-Span:


I am enjoying your coverage of varieties of medical plans, particularly the interview with Dr. Relman.

However, I wonder why you don't focus more on the costs of paperwork and legal fees which must amount to a pretty penny. I have heard of insurance companies dragging out claims for years, until they are taken to court and compelled to pay. I have seen the need to fill out no-fault, major medical, and liability insurance claims for a single accident. I have seen insurance providers quarrel, where coverage of two or more policies overlaps. I have seen insurance companies go to court to argue their liability. Then there is the cost of bill collectors, who take 30% to 50% of payments they get.

Then, in Connecticut at least, every hospital bill includes an item to cover costs of care of unpaid bills.

The insurance and law lobbies will fight to preserve the status quo. As I see it, these activities -- impossible under the Canadian or German systems -- contribute nothing to the quality of care while making the cost of health the highest in the world. Why not just get rid of this extra baggage?

Sincerely,



Stratford CT 06608-0423

/z

RIDGEPORT CT 06606
 BOBS PROV NO: 035
 FEDERAL TAX NO: [REDACTED]
 MEDICAL WA: [REDACTED]
 PAT ID NO: [REDACTED]
 CITY: STRATFORD STATE: CT ZIP: 06497

PATIENT'S LAST NAME: [REDACTED] FIRST NAME: [REDACTED]
 BIRTH DATE: [REDACTED] SEX: M MAR: S
 ADM SOURCE: 08 01 08 01
 STRATFORD CT 06497

CD	DATE	CD	DATE	CD	DATE	CD	DATE	CD	DATE	CD	DATE	CD	DATE	CD	DATE	CD	DATE
02	[REDACTED]	02	[REDACTED]														

50 DESCRIPTION	51 R CODE	52 S UNITS	53 TOTAL CHARGES	54	55	56
PHARMACY		250	9 66			
IV THERAPY		260	279 54			
SUPPLY/OTHER		279	200 00			
LABORATORY	80004	300 1	86 34			
LABORATORY	82565	300 1	30 04			
LABORATORY	84520	300 1	18 72			
LABORATORY	85025	300 1	37 69			
RADIOLOGY - DIAGNOSTIC	011293	320 1	99 49			
OPERATING ROOM		360	1617 29			
ANESTHESIA		370	148 31			
PHYSICAL THERAPY	011593	420 1	71 52			
AMBULATORY DAY CARE		499	185 00			
EKG/ECC		730	59 39			
TOTAL	001	6	2642 99			

UNCOMPENSATED CARE ASSESSMENT INCLUDED IN TOTAL 080 238 74

57 PAYER: NO FAULT INSURANC
 58 REL INFO: Y
 59 ASG BEN: Y
 60 DEDUCTIBLE
 61 CO-INSURANCE
 62 COST RESPONSIBILITY
 63 PRIOR PAYMENTS
 64 EST AMOUNT DUE

65 INSURED'S NAME: [REDACTED]
 66 SEX: M
 67 P REL: 1
 68 CERT. SSN-HIC-ID NO: [REDACTED]
 69 GROUP NAME: [REDACTED]
 70 INSURANCE GROUP NO: [REDACTED]

71 EID: A
 72 ESC: 4
 73 EMPLOYER NAME: SELF EMPLOYED
 74 EMPLOYEE ID
 75 EM ID (ER LCC) FID: MILFORD CT 06460

76 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS: OLD BUCKET TEAR MED MEN
 77 PRIN CODE: [REDACTED]
 78 ICD-9-CM: [REDACTED]
 79 ICD-9-CM: [REDACTED]
 80 ICD-9-CM: [REDACTED]
 81 ICD-9-CM: [REDACTED]

82 EXCIS KNEE SEMILUN CARIL
 83 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS
 84 REMARKS: [REDACTED]
 85 TREATMENT AUTH: [REDACTED]
 86 ATTENDING PHYSICIAN ID: [REDACTED]
 87 CD: [REDACTED]
 88 APP FROM: [REDACTED]
 89 APP THROUGH: [REDACTED]
 90 GRC: [REDACTED]