

Kathleen Martin is an attorney with O'Donnell, Weiss & Mattei, P.C., and a newspaper columnist for The Mercury, which gave permission for this article to be reprinted.

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## Seniors have another worry: surprise ambulance bills

Senior citizens have many concerns about medical bills. In fact, insurance premiums, co-payments, physician bills, and prescription drug costs are a large part of many older Americans' budgets. A recent article in the Philadelphia *Inquirer*, [Surprise Ambulance Bills are Hard on the Elderly](#), highlights another area of concern that is likely to be an unexpected hardship.

*Inquirer* staff writer, Harold Brubaker, discusses two different situations where the senior was presented with an ambulance bill that was totally unexpected and not covered by their insurance. In one case, 82 year old Delores Cantz slipped and fell while dancing at a party in Warminster. To her surprise, after getting up, she was greeted by the non-profit Warminster Volunteer Ambulance Corps who intended to examine her and take her to a local hospital. Ms. Cantz refused since she felt that it would result in an unnecessary emergency room visit. However, she later received a \$500 bill from the ambulance company which is more than Medicare would allow for actual transport to the hospital. This bill represents nearly half of her monthly Social Security check which she lives on.

Harry Freedman, also 82 years old, fell after tripping on a rug in an auto dealership in Northeast Philadelphia. Someone called 911 and an ambulance came to take him to the hospital, but not at his request. Mr. Freedman's Medicare Advantage plan paid \$987 for the hospital visit and tests, leaving him with a co-payment of \$65 which did not surprise him. However, he later received an ambulance co-payment request of \$175; Medicare paid \$264. Mr. Freedman said if he had known about the co-payment for the ambulance he would not have gotten in; he would have transported himself. Nevertheless, Mr. Freedman would likely have still been charged for the ambulance just as Ms. Cantz was. Ms. Cantz might have been better off accepting the ambulance ride since her Medicare Advantage plan would likely have paid some of the cost. Brubaker points out that financially, the elderly are steered toward choices that cause higher overall spending in the health system to avoid large uncompensated bills.

Brubaker goes on in the article to give the perspective of the ambulance companies. When an ambulance is summoned, even if services are refused, compensation must be sought somehow. The crew assembled and came to the would-be patient and time and money was expended. Understandably, both Cantz and Freedman were taken aback by the cost, especially when they never requested, or felt that they needed the service. Freedman lives and pays taxes in Philadelphia where, like many cities, a reduced rate may be offered in situations where there is "treat but no transport." Unfortunately, in Ms. Cantz's situation, there is no break as there may be in larger urban areas.

Ambulance bills, while often necessary, can be a budget breaker for many seniors. However, when the senior does not ask for the service, and then receives a large, totally unexpected and devastating bill, there is little that can be done for many. In both situations described above, the facility most likely called the ambulance to protect themselves. This is just another example of the difficulties many seniors on fixed incomes face when medical care is perceived to be needed. If the senior or a family member asks questions at the time, and determines the most cost effective method to resolve the issue, the situation may be salvaged sometimes. Often, however, it becomes yet another medical cost that seniors must learn to manage.