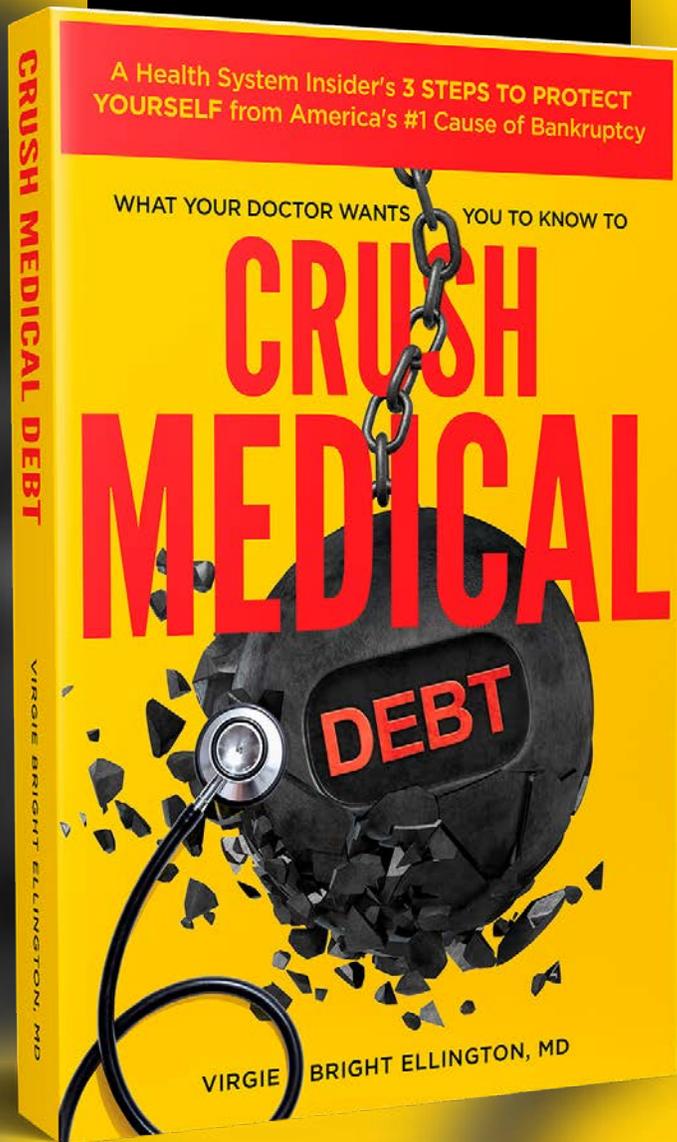


# MEDIA KIT



Get the healthcare you need while taking care of your financial health at the same time. Fight back against predatory billing practices! Uncover the secrets in *Crush Medical Debt* to free yourself from a lifetime of bills and save your financial life.

## TITLE

WHAT YOUR DOCTOR WANTS YOU TO KNOW TO CRUSH MEDICAL DEBT:

# CRUSH MEDICAL DEBT

A Health System Insider's 3 Steps to Protect Yourself from America's #1 Cause of Bankruptcy

## AUTHOR

**VIRGIE BRIGHT ELLINGTON, MD**

 **Website:** [crushmedicaldebt.com](http://crushmedicaldebt.com)

## MEDIA CONTACT

**Virgie Bright Ellington**  
[dr.virgie@crushmedicaldebt.com](mailto:dr.virgie@crushmedicaldebt.com)  
914.636.1070

## TOPICS COVERED INCLUDE



PERSONAL  
FINANCE



DEBT  
MANAGEMENT



MEDICAL



HEALTH  
POLICY

# ABOUT THE BOOK

**Title:** What Your Doctor Wants You to Know to Crush Medical Debt: A Health System Insider's 3 Steps to Protect Yourself from America's #1 Cause of Bankruptcy

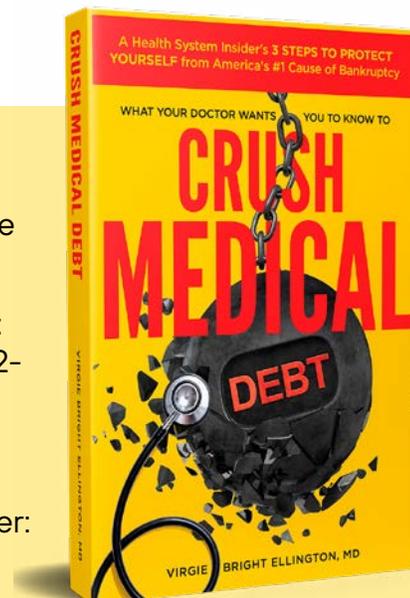
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Medical bills can bury you in debt for the rest of your life, but it doesn't have to be that way.

No matter how much you owe, there's a better way to get rid of your medical debt beyond bankruptcy.

When Dr. Virgie Bright Ellington became a cancer patient, she faced incredibly high medical bills. That's when she took her insider industry knowledge and put it to work. In *Crush Medical Debt*, she shares her secrets to help individuals, families, and veterans protect against America's number one cause of bankruptcy—medical debt. Filled with practical and step-by-step strategies, this guide provides the tools you need to stop spending money you don't owe and save yourself from becoming a victim of a predatory healthcare system.

You'll discover:

- ◆ How to get rid of your medical debt and hospital bills in three simple steps—without going bankrupt.
- ◆ Definitions to help you catch common CPT code and medical bill mistakes.
- ◆ How to effectively communicate with your provider to fix mistakes in your bills or coverage, including COVID-19 and pandemic-related costs.
- ◆ What to do when your private insurance company or Medicare won't cover your medical costs.
- ◆ Debt management tips to negotiate a lower bill and set up an interest-free payment plan regardless of your credit score.

Get the healthcare you need while taking care of your financial health at the same time. Fight back against predatory billing practices! Uncover the secrets in *Crush Medical Debt* to free yourself from a lifetime of bills and save your financial life.

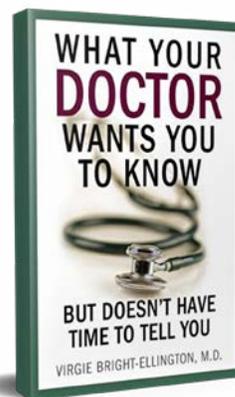
# ABOUT THE AUTHOR

Virgie Bright Ellington, MD, is an internal medicine physician and medical billing expert. A dedicated patient advocate, Dr. Virgie earned her degree at the University of Michigan Medical School and trained at the Cambridge Hospital of Harvard Medical School.

After practicing more than 20 years in primary care and psychiatric settings and as a health insurance executive, Dr. Virgie now helps patients understand complex medical procedures, communicate effectively with their healthcare providers, and avoid financial devastation from crushing medical bills through her What Your Doctor Wants You to Know series. She also hosts a weekly radio show on VoiceAmerica by the same name. Dr. Virgie is a former NY1 News health contributor and has been featured in Dallas Fox News, several podcasts, and national magazines.

Dr. Virgie lives in Westchester County, New York, with her husband and three children.

Learn more at [www.crushmedicaldebt.com](http://www.crushmedicaldebt.com).



ALSO WRITTEN BY THE AUTHOR

## SAMPLE TOPICS

Talk to Virgie Bright Ellington, MD, about how to reduce medical debt, communicate with insurance providers, and protect against predatory healthcare billing practices.

Interview Topics:

- Are You A Medical Emergency Away from Financial Catastrophe? Methods to Protect Yourself from Unexpected Healthcare costs
- Medical Bill Mistakes: How to Find, Fix and Stop Overpaying by Cracking CPT Codes
- 3 Steps to Organize Your Medical Bills with a Battle Journal
- What to Do When Your Insurance Won't Cover Your Medical Costs
- 5 Financial Tips to Crush Your Medical Care Debt – Without Going Bankrupt
- COVID Shouldn't Cost You: How to Get Your COVID-19 Medical Bills Paid

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# BOOK EXCERPT

## Introduction: WHAT YOUR DOCTOR WANTS YOU TO KNOW ABOUT THE U.S. HEALTHCARE SYSTEM

### Matthew's Story

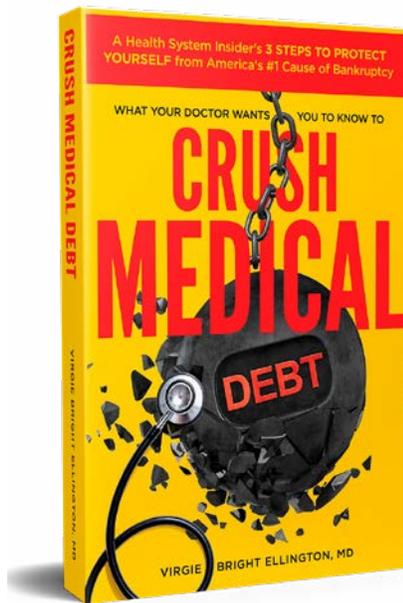
*I saw this story about Matthew, who has private medical insurance through his job as an essential worker at a senior living facility, in Kaiser Health News (KHN), an online newsletter that features people struggling with medical bills. Matthew was 25 years old when he passed out at work. He was diagnosed with viral cardiomyopathy, a type of heart failure complication from the flu. Although Matthew had insurance, he couldn't pay what he owed the hospital. The hospital sued him, and Matthew ended up filing for bankruptcy before his 30<sup>th</sup> birthday.*

*As Matthew told KHN, "The curse of being sick in America is a lifetime of debt (...) The biggest crime you can commit in America is being sick."*

*He said he "always made sure to take jobs with health insurance, so I thought I'd be all right."*

*But, like nearly half of Americans under age 65 with private insurance, Matthew has a high-deductible health plan with a yearly out-of-pocket maximum that's unaffordable if he has the misfortune of having a serious medical problem.*

*Two years after Matthew declared bankruptcy, he was told he needed a cardiac ablation, a procedure to fix*



*complications from the cardiomyopathy. Because the ablation was elective (not an emergency), Matthew met with the hospital's representatives ahead of the scheduled procedure to set up a payment plan for the anticipated \$7,000 cost, which is more than a quarter of his annual salary. Matthew is beginning to realize the \$500 a month payment he agreed to is still beyond his means, and admits he's afraid he's facing another bankruptcy.<sup>1</sup>*

### Moral of the story:

**Americans are sick, tired, confused, overwhelmed, overcharged and under-covered by our healthcare system—and one serious medical illness or injury away from financial catastrophe.**

My physician colleagues and I spend our days, weeks and years helping patients live healthy and well—"living right," as I call it. Taking time to learn

about healthcare finances is living right, too. Many of us understand very clearly that the system is not on our side: U.S. healthcare companies and providers are not in the business of taking care of our financial health. To be honest, they can destroy our finances and devastate our future. A 2019 *American Journal of Public Health* study reports more than 60% of all U.S. bankruptcies are related to medical debt.<sup>2</sup>

While nonprofit and for-profit hospitals are aggressively fine-tuning their accounting systems to get patients to pay big bills and send more patient accounts to debt collectors, healthcare insurance companies have figured out how to get patients to pay higher deductibles and bigger percentages of coinsurance. We've all heard painful stories behind this heartbreaking statistic: medical bills are the #1 cause of bankruptcy in the United States.<sup>3</sup>

After almost 25 years as an Internal Medicine physician and more than 10 years as a health insurance executive, I've seen the U.S. medical care system provide healthy profits to everyone from every angle: providers, insurers, administrators, consultants, suppliers and vendors. Everyone profits—except the patient.

Life happens. We get sick and injured.

At the time that we're the most vulnerable—when we're weak or exhausted, when we're in pain or afraid—American patients are taken

advantage of and bullied into paying large bills so that our critically ill healthcare system can profit. Don't fall for it. Don't allow it to happen to you.

As you'll see in the stories in this book, hospitals and healthcare providers jump on the American patient first to get their charges paid—whether the patient has insurance or not, and whether or not insurance denies coverage of the services. There's a reason for this.

Have you heard the saying, "He who has the gold makes the rules"?

The U.S. healthcare system is run on the engines of insurance companies. American health insurance companies have the gold, and force hospitals and doctors to accept negotiated lower payments for their services. Patients who don't have insurance or are underinsured haven't negotiated these lower prices with providers and pay "retail"—full price—when they get the bill.

So, U.S. providers would rather get you—the patient—to pay the bill out of *your* pocket, because they make more money from you than from an insurance company.

### **Mia's Story**

*Mia is a 34-year-old mother of two young children who was my hospital roommate when I had emergency hernia repair surgery. Her husband works tons of days and hours at a 24-hour diner while she takes care of*

*their preschool-age girls. Mia was a lot of fun. She would pretend to get electrocuted from the automated vital signs machine her nurse connected her to and tell funny stories, just to make me laugh.*

*During our conversations, Mia shared that this was the second time she'd been admitted in the past year for concerns she might have a stroke. I felt badly for this young, sweet mom who must be scared about her health, but I became more upset when she told me the details about paying for her first hospital stay.*

*As she was being discharged, a hospital representative came to her room, presented her with a bill for the admission, and demanded Mia sign an agreement that forced her to accept a payment plan that almost amounted to as much as her husband brings home in an entire year.*

*I explained to Mia that the most important rule when you get treated at an emergency department or hospital is to NEVER agree to a payment plan on arrival or at any point during your stay.*

**Moral of the story: NEVER sign a financial agreement or payment plan before you get the actual bill for an emergency room or hospital visit!**

As I asked Mia, how can we agree to pay for services if we don't know how much and for what we're being charged? We don't receive itemized bills and the opportunity to review

them for accuracy until after we get home from an ER or hospital, so you should never agree to a payment plan during the registration or discharge process.

Likely, though, if you're reading this book, you've already needed expensive medical care, like a hospital stay. If you remember nothing else, the top two important medical money rules I want you to know are:

1. Whether or not you have insurance, don't pay any bill before you ask for and receive your itemized bill (see Chapter 1).
2. If you have insurance, never pay any bill before you get the Explanation of Benefits (EOB) (see Chapter 1).

Because U.S. health insurance companies demand discounts from hospitals, they're forced to try to make up the difference on the backs of the uninsured, the underinsured, the taxpayer, and Americans who don't know their medical financial rights. Yup, you.

American taxpayers help support the United States' diseased healthcare system.<sup>4</sup> You pay taxes to fund states' charity care programs, which covers medical costs for those who can't afford to pay hospitals' retail rates.

But you can do your part to stop this system from taking money from you and yours. You're reading this book. You have leverage. You can do it!