

# FAKE MEDICINE EXPOSED

---



Dr. Marc S. Micozzi

©Copyright 2019, OmniVista Health Media, L.L.C. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including recording, photocopying, or via a computerized or electric storage or retrieval system without permission granted in writing from the publisher. The information contained herein is obtained from sources believed to be reliable, but its accuracy cannot be guaranteed.

All material in this publication is provided for information only and may not be construed as medical advice or instruction. No action or inaction should be taken based solely on the contents of this publication; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being.

The information and opinions provided in this publication are believed to be accurate and sound, based on the best judgment available to the authors, and readers who fail to consult with appropriate health authorities assume the risk of any injuries. The publisher is not responsible for errors or omissions.

For additional copies or questions, please contact Reader Services at 100 West Monument Street, Baltimore MD 21201. You may also contact us anytime online at [www.drmicozzi.com](http://www.drmicozzi.com).

## 3 LAB TESTS YOU SHOULD NEVER GET

It's no secret that, in general, I'm not a fan of routine annual physical exams...and the battery of tests that come with them.

Even though your doctor may tell you certain tests are "recommended," the science often doesn't support that. And rather than detecting real problems in healthy adults, some tests are more likely to find false positives that lead to useless or even dangerous procedures—not to mention more meaningless tests.

That said, here are three lab tests I don't recommend, since they can potentially lead to life-threatening misinformation.

**1. Chest imaging studies.** Annual chest x-rays to detect lung cancer were shown to be worthless long ago. But the government and some doctors have been shockingly slow to tell you about research conducted *five years ago*, as part of the half-billion-dollar National Lung Cancer Screening Trial.

Among the findings: Giving high-risk smokers and ex-smokers annual chest CAT scans would prevent a whopping 12,000 lung cancer deaths per year.

Unlike x-rays, high-resolution CAT scans can spot suspicious lung nodules...and catch lung cancer in the early, more treatable stages. So if you're a smoker or ex-smoker, talk with your doctor about a CAT scan rather than a useless chest x-ray.

**2. EKG.** Routine EKGs are mostly a waste of time—unless you are being monitored for a known heart condition.

**3. Lipid panel.** This overblown blood cholesterol test is most often used as an excuse by doctors to prescribe more dangerous and useless statins.

Whatever the result of your lipid panel may be, it never seems to be good enough for statin-pushing cardiologists. And when it is "good enough," big pharma gets the National Institutes of Health to change the rules for prescribing statins.

So basically, cholesterol tests are a lose-lose proposition for your health. Ask your doctor to perform CRP, homocysteine, and vitamin D tests instead to measure your heart health.

And finally, in general, lab work mistakes can and do happen—even with basic blood panel tests. Samples get mislabeled, misplaced, and misdirected. If a test seems questionable to you, don't be afraid to ask for a repeat.

## 10 MEDICAL EXAMS THAT ARE STEALING YOUR MONEY... AND 2 YOU ACTUALLY NEED

Hundreds of thousands of Americans are injured, poisoned, and killed each year by modern medical technologies. Even the most respected medical journals and institutions have confirmed in various reports over the past 10 years the failures of American "modern medicine." Including deaths from unnecessary surgery, medication errors, clerical errors, hospital-acquired infections, and even from the "expected" negative side effects of drugs. All the while, health care costs are spiraling out of control and insurance companies are requiring patients to pay a greater share of the cost.

So despite all our breakthrough technology, American medicine often appears to be doing more harm than good. In fact, you may be surprised at what can be done without it!

It's time to rethink some of the medical myths and rituals that result in millions of useless tests, procedures, and "interventions" that appear to do more harm than good. Besides the huge waste of time and money they represent.

And now the American Board of Internal Medicine Foundation is doing just that with a new project called “Choosing Wisely.” The foundation consists of doctors from nine of the top medical societies in the U.S. And the Choosing Wisely program has identified 45 different medical procedures that are of little or no value, from tests, to surgeries, and even commonly prescribed medications. Below I’ll review the most commonly performed tests that are now considered inappropriate. Removing this kind of waste and abuse from the healthcare system could save billions of dollars a year.

Even the benefit of the routine yearly “checkup” is being questioned for most patients now. As reported in a New York Times article, back in 1979 a Canadian government task force recommended giving up the standard top-to-bottom annual physical exam. They said it was “inefficient, nonspecific” and even “potentially harmful.” That Canadian diagnosis was made the same year I graduated from a U.S. Ivy League medical school where we all sincerely believed the annual “checkup” was just practicing good medicine!

But the potential danger or harm of unneeded exams is that they may show “false positives,” potentially lead to risky procedures and treatments, and/or more tests, which leads to more of the same. It’s a vicious cycle. And every step along the way comes with the potential for harm. The controversy over the PSA test to try to detect prostate cancer is a good example.

But from the first day out of medical school, there remains a lot of simple inertia about what doctors expect they should be doing for their patients, and about what patients expect from their doctors. Not to mention all the economic incentives from the health care industry to provide more “care” whether needed or not.

There are also perverse incentives in medical research to discover more and more “biomarkers” for screening and “early detection” of diseases like cancer, despite the repeated abject failures of this approach for decades. And now, the new Director of the National Cancer Institute, Dr. Harold Varmus (a past director of the NIH) is back like a bad penny, poised for another jump over the precipice with an obsessive focus on finding ever more “biomarkers.”

And, sad to say, there are many diseases where early detection, even if “biomarkers” are found, simply doesn’t make any difference in the prognosis, management, or treatment of the disease. There are also many problems that may correct themselves over time due to the body’s ability to heal itself without any need for dangerous tests, procedures, or treatments.

So, before you make your next doctor’s appointment, be sure to consider the following very carefully. According to the American Board of Internal Medicine and National Physicians Alliance, these are the “top ten” most commonly performed tests you can actually omit:

- 1. Annual physical exam:** On average for healthy adults, rather than detecting real problems, it is more likely to find false positives or meaningless results leading to useless and dangerous procedures and/or more tests that lead nowhere.
- 2. Annual EKG:** On average for people without heart disease, it is more likely to mislead than to find early problems—leading to further needless and dangerous tests, drugs, and even surgery.
- 3. Annual “blood panel” tests:** For people who feel well in the first place, it is more likely to lead to false positives than to detect new disease.
- 4. Annual cholesterol test:** If cholesterol previously tested “normal” (although what is considered normal is constantly being manipulated by industry- motivated NIH “reviews”), this test is needed only once *every five years*.
- 5. Annual Pap Smear:** Although this is one very important and successful test for early detection of cervical cancer, it is only needed *every three years* in women who have tested normal.
- 6. Prostate Specific Antigen (PSA) to detect prostate cancer:** Experts from the U.S. Preventative Services

Task Force no longer recommend this test, saying it causes more harm than benefit. The harm is not from this test itself but that it is frequently misleading, resulting in useless procedures and surgery that frequently cause permanent disability or even death. Studies show that patients not given the PSA test have no higher mortality than patients faithfully screened for prostate cancer by this test.

- 7. Pre-operative chest x-ray:** Many hospitals still require a routine chest x-ray prior to surgery but it is a wasted effort unless the patient has heart or lung disease. The annual routine chest x-ray as part of a yearly physical exam was given up long ago, since the risk from radiation far exceeded any benefit at detection of lung cancer. Of course, now you can give up the annual physical as well.
- 8. Bone scans in women under 65 years:** Efforts to detect osteoporosis in younger women have resulted in many women taking dangerous drugs with terrible side effects that are unnecessary (besides, if you wait until you're 65, Medicare will cover this test if medically necessary).
- 9. Radiologic tests for low back pain:** If back pain is of short duration (less than 2- 4 weeks), doing imaging studies add no benefit or improvement in outcome. And the vast majority of patients with low back pain should be treated first with spinal manual therapy, provided by physical therapists and chiropractors, rather than drugs or surgery. And one hospital in Seattle is now doing just that with success (see below).
- 10. Radiologic tests for headaches:** The common headache is sufficiently diagnosed by taking a careful medical history and doing a comprehensive neurological exam. Find a doctor who still knows how to provide that.

These 10 recommendations are not just theoretical. They are already being tried with positive results.

Local health care providers and some insurers are already improving the system by treating their patients better by providing less care. Following are just a few examples as reported in an editorial in *The New York Times*.

Premier Inc. is an alliance of hospitals around the country that has ceased doing useless blood tests and screenings. Over three years in 157 hospitals in 31 states they have saved almost 25,000 lives and reduced costs by almost \$5 billion, saving 12 percent of their overall spending.

Virginia Mason Medical Center in Seattle stopped doing useless radiologic tests for headache and back pain, decreasing the use of CT scans by one-quarter. Also, in collaboration with Seattle-based Starbuck's and Aetna Insurance they stopped sending people with low back pain to expensive orthopedic specialists (who could only see them after lengthy and painful waits, and then order a costly CT scan before providing any therapy). Instead they sent back pain patients directly for spinal manual therapy to physical therapists on the same day. Most patients were pain free and back to work in less time than it would have taken them to wait to see a medical specialist. And they avoided dangerous drugs and surgery.

That's true healthcare reform.

## **So what are the most common regular tests you should get?**

They are actually few and simple.

For women over 40 it is useful to get a mammogram every two years.

After much controversy about the risks of mammograms, the optimal screening interval and hundreds of millions of dollars spent on research, the data indicate that it's simply not necessary to get a yearly mammogram. Bi-annually is just fine. However, women should perform frequent breast self-examinations (while standing in the shower or otherwise). Breast cancer remains the leading cancer among women, while heart disease is the leading cause of death overall (as in men).

So for heart disease, getting your blood pressure checked regularly is the single most important step you can take to prevent or control your risk. Unfortunately, the healthcare system is failing miserably to detect and treat



high blood pressure—which is an extremely treatable condition.

It's time to give up on all the dangerous and wasteful testing and focus on the things that really make a difference—and can literally mean the difference between life and death.

If your doctor is recommending any of the other 10 tests above, it can't hurt to talk to him candidly about the real risks and benefits. You can refer to the "Choose Wisely" campaign of the American Board of Internal Medicine Foundation. And of course, you can always get a second opinion. And if he doesn't recommend these tests, before you argue to have them just because everyone else is...you may want to consider counting your blessings. Instead, focus on what's really needed to ensure optimal health for whatever area of concern you may have.

## **1 COMMON PAINKILLER YOU SHOULD AVOID AT ALL COSTS (IT'S DESTROYING YOUR LIVER)**

For years, Johnson & Johnson's marketing department promoted Tylenol as being "tough on pain." And they proudly proclaimed it's the pain reliever "hospitals use most."

But a large, new study reports that acetaminophen—the generic form of Tylenol—is *worse* than placebo at relieving back pain. In fact, it actually prolongs back pain!

I write quite a bit about the dangers of Tylenol. In fact, if you go to my website and type "Tylenol" into the search box, you'll find 21 current articles warning about all the dangerous side effects.

One reason I write so much about Tylenol is because many people mistakenly think it's "safe" and "gentle." (Clearly, all those marketing dollars have paid off for J&J—but the new study is going to take more than a "band-aid" to fix.)

This OTC painkiller lands between 55,000 and 80,000 men and women in the emergency room each year. And acetaminophen is actually the No. 1 cause of acute liver failure in the U.S. We've known about these serious safety issues for at least 25 to 30 years.

And now—thanks to this important, new study—we know acetaminophen isn't even "tough" on pain, as promised. (Of course, 30 years and more went by without ever doing such a study.)

For the new study, researchers recruited 1,643 men and women with lower back pain—the most common cause of pain and disability in working-age Americans.

Researchers divided participants into three groups. The first group took six 500-mg acetaminophen pills daily for four weeks. (One tablet of Extra Strength Tylenol contains 500 mg of acetaminophen.) Plus, the participants could potentially take another two pills "as needed" for pain. (This dosage clearly put the patients into the danger zone for potentially suffering liver problems. But we covered that story before.)

The second group also took six 500-mg acetaminophen pills daily. But their "as-needed" pills were actually placebo sugar pills. The third group only took sugar pills.

The researchers found that people in both of the acetaminophen groups suffered for an average of 17 days before recovering from a bout of disabling back pain. But here's the astounding part...

Patients who **ONLY** took sugar pills recovered in just **16** days.

You read that right—men and women who took the drug that's supposedly "tough on pain" spent an extra day in pain. And the men and women who simply took sugar pills felt better faster! And if you've ever been laid up with back pain, you know the sooner you stop suffering and get "back" into the swing of things, the better.

It doesn't surprise me that this artificial chemical actually *delays* healing because it may well interfere with natural, normal healing processes.

Ironically, universal medical practice guidelines scandalously call for this toxic, ineffective drug as a first-line treatment for lower back pain. You have to wonder where that idea came from. In fact, as the researchers of this new study point out, there has never been any good evidence to support using Tylenol for back pain—despite its shocking “universal” acceptance.

Nearly everyone experiences back pain at some point. After all, it's an unavoidable consequence of walking upright. But you should never resort to using Tylenol for anything. And especially not for back pain.

If you suffer from lower back pain, you have many options. In fact, research shows spinal manual therapy (SMT)—administered by skilled chiropractors and physical therapists—is the most effective and cost-effective therapy for lower back pain. It's safe and doesn't have these dangerous side effects. Plus, it's widely available. Best of all, it really works. And it works fast.

## 3 GOLDEN VACCINES THE MAINSTREAM IS FORCING DOWN YOUR THROATS

### 1. Chicken Pox/Shingles

Shingles affects more than one million people over the age of 60 each year in the U.S. But it's largely a man-made epidemic. Plus, a recent study links the wildly popular shingles vaccine with a slew of nasty side effects — including serious, permanent eye damage.

#### The real pain of shingles

Shingles is a viral infection that causes a painful, blistering skin rash — one that can last for months or even *years*. It's caused by the varicella–zoster virus, the same virus that causes chickenpox.

After you've had chickenpox, this virus lays dormant in the nerve tissue near your brain and spinal cord. Shingles occur when this virus is reactivated in the body, after potentially laying low for *decades*. (That being said, you cannot develop shingles if you've never had chicken pox or have never been exposed to the varicella virus from a vaccine.)

Experts think stress and a weakened immune system contribute to causing the old virus to re-emerge. But here's what you won't hear from the crony, capitalist, medical minions...

The chicken pox vaccine, which public schools now require children to receive before beginning kindergarten, has played a large role in causing the skyrocketing shingles rates.

If you contract chicken pox as a child, you develop a lifelong immunity to it, and you have a much smaller risk of developing shingles as an adult.

On the other hand, when you get the chicken pox *vaccine* as a child, you never develop natural immunity to chicken pox...or shingles. So, you run a much *higher* risk of getting shingles as an adult.

I belong to the last generation permitted to normally catch the actual chicken pox virus as a child. But today, the rates of shingles cases have skyrocketed, as more and more people who were vaccinated instead, and never got the natural chicken pox infection with lifelong immunity, are now reaching middle age.

This is largely a man-made epidemic. Of course, big pharma swept in with another new “solution” to yet another problem it created in the first place...

## Zostavax creates more problems than it solves

The FDA approved Merck's shingle vaccine, called Zostavax®, in 2006. We knew from the get-go that it could cause chicken pox itself. It's the same virus, after all.

But since 2006, the FDA has had to issue two more warnings...

In 2014, the FDA added a warning that the shingles vaccine could cause...shingles.

It's mind boggling to me...

The vaccine to prevent shingles can actually *cause* the infection it's supposed to prevent. Sounds pretty pointless, don't you think?

Then, in February 2016, the FDA added a *second* warning that the vaccine could also cause necrotizing retinitis and keratitis.

**Retinitis** is inflammation of the retina of the eye. And **necrotizing retinitis** causes the death, destruction, and decomposition of the retina. Not a pretty sight, so to speak. In fact, it's downright terrifying...

**Keratitis**, or inflammation of the cornea, causes inflammation and scarring of the eye. It can also lead to permanent vision loss if not treated in a timely manner.

According to researchers from the University of Missouri School of Medicine, adults can develop these dangerous conditions within 24 days of receiving a chickenpox or shingles vaccine. And children can develop the conditions in even a shorter window of time — 14 days.

Researchers say they don't know *why* the shingles vaccine can cause retinitis and keratitis, but some say it relates to autoimmune disorders. This line of thought makes sense.

In fact, the link between autoimmune disorders and vaccinations is now so widely acknowledged, there are entire textbooks written about it.

The current warning label for the shingles vaccine lists the following side effects:

- Redness, pain, rash, itching, swelling, bruising, or a hard lump near the injection site
- Swollen glands near the injection site (may last a few days to a few weeks)
- Headache
- Allergic reactions, they could potentially be serious and include difficulty in breathing or swallowing
- Chickenpox
- Fever
- Joint pain
- Muscle pain
- Nausea
- Rash
- Shingles

### Efficacy akin to the flip of a coin

Merck claims the shingles vaccine is effective in 50 percent of cases. So, *even* with the vaccine, your chances of not developing it are no better than flipping a coin. (Reminds me of the annual flu vaccine — at its best.)

So, there's no *real* need for the shingles vaccination. It's my recommendation that you skip it altogether.

And by skipping the shingles vaccine, you'll also skip the potential side effects that could permanently damage



your eyesight.

Of course, the poor parents with children stuck in the public school system don't have much of a choice when it comes to getting the chickenpox vaccine. Despite the fact that the population — as a whole — would be better off letting children experience this natural, harmless, childhood infection. And as a result, they'd enjoy a lifelong immunity. But that's another story for another day...

In my eyes, we should reserve vaccinations for when they *really* make sense.

Unfortunately, mainstream medicine tends to ignore all the effective, common-sense, natural approaches that will help you maintain your health as you get older. And they promote incorrect approaches that can potentially cause more harm in the long run. Approaches just like the disastrous shingles vaccine which, as you now know, can wreak havoc on your vision health.

## **2. HPV Vaccine**

I often warn about the dangers of the human papillomavirus (HPV) vaccine pushed by mainstream medicine and the public school system onto innocent children. And now — a group of mainstream doctors is finally speaking out about its dangers. So what happened to cause this sudden turn around?

These other doctors aren't the "natural know-it-alls" who never recommend any vaccine or drug. And they aren't the vigorous "anti-vaxers" the mainstream government-industrial-medical complex likes to ridicule.

I am talking about the American College of Pediatricians (ACP), which represents pediatric physicians who provide routine health care for our children and grandchildren. The ACP's mission is to protect and preserve the health and well-being of children, including prevention of disease by vaccines.

The group addressed new concerns about the HPV vaccine in a statement published in January 2016. The statement used guarded, "medical-eze" language in the way it attempts to present a balanced view of a terrible vaccine. But still — the facts are clear. And absolutely devastating.

### **HPV vaccine linked to more serious health problems**

Research links the vaccine with premature ovarian failure (POF) or premature menopause. This diagnosis means permanent failure of the ovaries, infertility, and all the medical problems associated with menopause in older women. But thanks to the HPV vaccine, it's occurring in young girls.

Instead of advising abstinence, doctors prescribe birth control pills to innocent young girls prior to the "age of consent." These drugs disrupt the normal beginning of a healthy menstrual cycle — with lifelong adverse consequences for health. But at least a young woman can stop taking birth control drugs once she learns the truth. By comparison, once a young girl receives the HPV vaccine, it's too late to prevent the lifelong complications and consequences.

The ACP statement cited two case reports since 2013 in which girls developed documented POF. But if you read closely, as I did, you see each of these "two" case reports actually involved three girls, for a total of six actual cases.

Of course, the government "approved" these vaccines. (And, as you know, the Director of CDC at the time went on to get a lavish compensation package and "pay-off" from the manufacturer of this vaccine.)

### **Number of cases probably far higher than reported**

The original research studies on the HPV vaccine submitted to the government never included long-term effects on the ovaries. They weren't included in the pre-clinical lab studies on safety. Nor were they included in the human clinical trials, which in my experience is contrary to what the FDA typically requires.

Plus, since doctors were never alerted to ovarian complications, the ACP is concerned that pediatricians aren't reporting all the ovarian failures (such as missing menstrual periods) they observe in young girls who got the vaccine to the Vaccine Adverse Event Reporting System (VAERS).

Translation?

Since both doctors and patients have been kept in the dark about the potential side effects of the vaccine, there are probably many more cases of this disastrous vaccine complication.

At least the ACP is stepping forward to warn us.

Since the approval of this awful vaccine in 2006, there have actually been 214 reports to VAERS of missed menstrual periods, nearly 90 percent due to Gardasil (the four-strain HPV vaccine). And we do know about the vaccine's all-important "mechanism of action," which explains how the vaccine causes ovarian failure.

First, the vaccine contains polysorbate 80, a chemical that causes autoimmune reactions. Previous laboratory studies show polysorbate 80 also causes ovarian toxicity. Yet somehow the government didn't require, and manufacturers didn't provide, any data showing the safety of this vaccine for the ovaries (contrary to government law and FDA regulations). A few other vaccines administered to adolescents (besides Gardasil) also contain polysorbate 80.

Second, the HPV vaccine contains aluminum adjuvant. An adjuvant is supposed to "stabilize" the vaccine. But big pharma and the government continue to assure the public that toxic metal adjuvants, such as aluminum, have been removed from new vaccines. So how come we still find aluminum in Gardasil?

As one whistleblower stated, it's the "medical scandal of the century."

### **We should promote one simple, vaccine-free approach to prevent HPV**

The ACP says these doctors probably didn't detect these problems right away because of the wide-spread (and wildly inappropriate) use of hormonal contraceptives (birth control pills) in girls, which can mask the ovarian failure caused by the vaccine. So, as I said earlier, if the drugs aren't already causing enough long-term ovarian hormonal problems, then they give a vaccine that causes lifelong ovarian failure. If they are trying to achieve "zero population growth," this is a nefarious way to achieve it.

What are the mainstream big pharma, government public health experts, and government public schools doing to these poor children? All in the name of "protecting" them against sexually-transmitted diseases and pregnancy — when they *should* be protecting our children and our society from premature sexual activity itself.

The ACP contacted the FDA about these serious concerns. They want "more research," now presumably publicly funded, while the manufacturers continue to rake in more ill-begotten profits.

Thankfully, the new ACP statement also contains some common sense. It warns actual doctors to make sure to consider the consequences for their patients and their parents. Real doctors caring for real children with their parents can still take back the health of our children and grandchildren from the nefarious government-industrial-medical complex, which wants to "provide" everything to our children — except safety during their youth and innocence.

### **3. Flu Vaccine**

Dr. Sanjay Gupta is CNN's Chief Medical Correspondent. He was once nominated by the Obama administration to serve as U.S. Surgeon General in 2009 before uproar from the serious medical community caused him to withdraw his name—and preserve his compensation as a medical journalist. His reports for CNN illustrate the epitome of logical lapses in the government-industrial medical system...

He was talking about the flu, of course. After all, it's that time of year when all the news outlets make it sound like this flu season will turn into Armageddon and that you're foolish not to protect yourself by getting a flu shot.

It's true, 2013 is the earliest, and may yet turn into the worst flu season we've seen in 10 years. However, except for once in the last 100 years, the annual flu typically does *not* turn out to be the killer it's made out to be.

Of course, you'd never know that if you listen to the reportage of Dr. Gupta and his fellow mainstream media mouthpieces. Though much to my astonishment, he did accurately describe that the flu vaccine *doesn't work at all for 40 percent of people*. And there are large groups of people for whom the vaccine does not appear to work at all—like the young and old.

And year after year, the flu vaccine appears to grow more and more ineffective.

So—has anyone put two and two together? Maybe the reason why this year's flu season will hit so hard is that the vaccine doesn't really work!

But here's the kicker...A ritual of recommendations continue to state that there's still time to run out and get a flu shot! It might seem absurd if you consider that there is nearly a 50:50 chance that it won't work for you; and if you are over 60 it probably won't work at all.

These are the mixed messages that plague the system and leave real science and logical health recommendations by the wayside in an effort to support the marginally effective vaccine enterprise.

But there is plenty you *can* do to protect yourself from the flu, without subjecting yourself to the lottery of the flu shot. Including common-sense solutions that have been in the Boy Scout handbook since the flu epidemic of 1918!

And of course, you can't go wrong with vitamin C. Take 2,000 mg a day during the winter (and year-round). This amount will help your body fight off any viruses you do meet. And if you do happen to get the flu, taking vitamin C, together with a proven herbal remedy can help decrease the severity and duration of your symptoms.

At this point in the season, it won't hurt to take echinacea every day until the flu subsides again. Go for 300 mg three times a day as a supplement, or as an herbal infusion taken as a pleasant and warming hot beverage. But don't take echinacea year-round. It's a proven immune-modulator (which is why it is effective at preventing and limiting colds and flus). Although you definitely don't want to keep your immune system ramped up all year long, now would be a good time to do so.

And of course, it never hurts to wash your hands regularly, avoid touching your nose, mouth, and eyes, get plenty of winter naps, and take 10,000 IU of vitamin D3 daily.

## **CALL THIS NUMBER IF YOU THINK YOU WERE CHARGED TOO MUCH ON YOUR MEDICAL BILL**

It's no secret that there are major issues regarding medical billing. And because medical bills are often confusing to understand, insurance companies and medical offices often get away with incorrect—and overpriced—charges.

However, if a medical bill looks suspicious, you can—and **should**—check to make sure your medical providers aren't pulling a fast one on you.

First, your explanation of benefits. This usually comes before the actual bill. Most people throw it away, but *hold onto it* because it explains what your insurance company is responsible for.

Your bill usually comes after you receive your explanation of benefits. Your bill should exactly match your explanation of benefits. It's important that you review both, because this any discrepancies could be the first sign that something is wrong.

If you believe there's a problem with your bill, you can request a line-item bill. This will list out any and all services you've been billed for. You typically do this by calling the medical billing department listed on your statement. Sometimes, they'll even allow you to go online and print it.

Once you've figured out what the issue is, it's time to start making some phone calls. The first step is simply calling the medical billing department's customer service line and talking to them.

Depending on the issue (either incorrect billing or a price dispute), you will want to take one of two approaches.

In the case of an error, simply tell the representative that you've found an error and would like to dispute it. Ask what the process entails.

Typically, the customer service agent will tell you:

1. They will put in a request for their team to research the issue
2. They will put your bill on hold while they research the issue
3. They will give you some type of timeline to hear back on the request (typically 4-6 weeks)

Confirm with the agent what part of your bill is on hold. Is it the total balance or just the disputed item? If it's just the disputed item, you need to make sure you pay the rest of your bill on time.

If you're simply calling to dispute a price or total amount of the bill, the customer service agent may be able to help you.

However, just like every call center and customer service center, medical billing departments have supervisors too. And if you can speak to a supervisor and explain your story a bit, you might have better luck securing a bigger discount on your medical bill.

If you feel like your doctor or specialist is overcharging you for services, you can also visit [www.FairHealthConsumer.org](http://www.FairHealthConsumer.org) or call a live agent at 1-855-566-5871. They can help you understand your healthcare costs and health coverage. They're an independent, national nonprofit organization known for providing fair and neutral information to patients across the country.

#### Sources:

Rosenthal, Elisabeth. "Let's (not) get physicals," *The New York Times, Sunday Review*, June 2, 2012.

"Treating you better for less," *The New York Times, Sunday Review*, June 3, 2012, pg. 12.

"Efficacy of paracetamol for acute low-back pain: a double-blind, randomised controlled trial," *The Lancet*, Early Online Publication, 24 July 2014

"Interstitial keratitis following varicella vaccination," *Arch Ophthalmol*. 2009 Feb;127(2):222-3

"Exacerbation of Zoster Interstitial Keratitis After Zoster Vaccination in an Adult," *Arch Ophthalmol*. 2010;128(8):1079-1080  
Chickenpox, Shingles Shot Tied to Rare Eye Problem," *Web MD (webmd.com)* 1/25/2016

"New Concerns about the Human Papillomavirus Vaccine," *American College of Pediatrics (www.acped.org)* January 2016  
<http://www.cidrap.umn.edu/cidrap/files/80/ccivi%20report.pdf>