Medical Bills and Insurance teacher pack

Reconcile a fictional claim using the plan's rules, the EOB and payments already made.

For learners around age 14 and curious adults. Three 40-minute sessions. Use with the current AHA Medical Bills and Insurance manuscript. References use chapter titles so they work in both print and ebook.

Learning goals

Reconcile a fictional claim using the plan's rules, the EOB and payments already made.

Use the terms allowed amount; deductible; coinsurance; copayment; EOB; appeal. Show the reasoning behind an answer and identify where the example stops applying.

Reading route

1. A bill and an EOB are different

2. Prove the whole scan calculation

3. What the maximum leaves outside

Teaching plan

Session 1: Ask the opening question before reading (5 minutes). Read the first selected chapter together (15). Draw the mechanism or compare two possible explanations (15). End with a one-sentence explanation (5).

Session 2: Read the remaining selected material (10 minutes). Complete the worksheet individually, then compare reasoning in pairs (20). Discuss the common wrong turn (10).

Session 3: Revisit one uncertain answer (10 minutes). Try the extension (15). Give a two-minute explanation without the book (10). Use the exit question (5).

Materials and access

Paper, pencil, the book and an optional calculator. Read diagrams aloud, allow spoken or drawn responses, and give extra time for vocabulary. No real accounts or specialist equipment are needed.

Medical Bills and Insurance learner worksheet

Opening question

If a provider lists a $1,000 charge, is $1,000 necessarily the patient's bill?

Investigation

For a fictional covered in-network service, the allowed amount is $800. The patient has $200 of deductible remaining, then pays 20% coinsurance. There is no copay and the out-of-pocket maximum has not been reached. The patient already paid $100 toward this service.

1. How much is subject to coinsurance?

Show your reasoning, label units or evidence, and state any assumptions.

2. What are patient and plan shares?

Show your reasoning, label units or evidence, and state any assumptions.

3. What remains to be paid by the patient?

Show your reasoning, label units or evidence, and state any assumptions.

Transfer question

If the patient had already paid $350 for this service, the simplified account would show $30 more paid than the $320 responsibility. Ask the provider to reconcile it.

Exit question

What would you now check before accepting a claim about this topic? Name one specific check and explain why.

Medical Bills and Insurance answers and teaching notes

Answer 1

$800 - $200 = $600.

Answer 2

Patient: $200 + 20% × $600 = $320. Plan: 80% × $600 = $480. Shares sum to $800.

Answer 3

$320 - $100 = $220, assuming the $100 payment was credited correctly.

Common wrong turn

An EOB is not a bill. Real coverage, appeals and protections depend on the plan, service and applicable rules.

Extension discussion

If the patient had already paid $350 for this service, the simplified account would show $30 more paid than the $320 responsibility. Ask the provider to reconcile it.

Assess the explanation

Give one point each for a correct conclusion, visible reasoning, correct units or evidence, and a relevant limitation. A correct number with no explanation is not a complete answer. Accept equivalent wording and well-supported alternative interpretations where the question allows them.

If the learner gets stuck

Return to the diagram or the smallest example. Ask what is being counted, compared or transferred. Let the learner revise the answer after explaining the mistake; do not reward speed over understanding.

Family connection

Use the fictional example only. Do not ask a child or class to disclose diagnoses, insurance numbers, real bills or financial hardship.