



MEDICAL DEBT CHECKLIST

The stress of medical debt can negatively affect your health and wellness. So we've compiled a checklist to help organize any medical debt you may have and put together an action plan to help you pay it down faster.

Check the box that applies:

YES NO N/A

- Do you currently have health insurance? ☐ ☐ ☐
- Did you have health insurance at the time of the claim? ☐ ☐ ☐
- Is the medical debt the result of a work or auto accident? ☐ ☐ ☐
- If you recently became unemployed, are you covered by COBRA? ☐ ☐ ☐

If you did have insurance at the time of the claim (if you did not, skip to next section):

YES NO N/A

- Does the doctor/hospital have the correct insurance information? ☐ ☐ ☐
- Have you checked the bill for errors? ☐ ☐ ☐
- Have you contacted the insurance company and requested them to review the claim? ☐ ☐ ☐
- If your insurance company has reviewed the claim have you filed an appeal? ☐ ☐ ☐

If you did not have insurance at the time of the claim:

YES NO N/A

- Are you eligible for public assistance (e.g., Medicaid)? ☐ ☐ ☐
- Have you inquired about financial assistance programs the healthcare provider may offer? . . ☐ ☐ ☐
- Have you discussed a repayment plan with the healthcare provider? ☐ ☐ ☐

Tips:

- Never ignore bills regardless of who they are from!
- Establish a monthly budget! Know what you can afford to pay before you request a repayment plan.
- Contact your healthcare provider and request to set up a repayment plan.
- Contacting the health provider or collection agency BEFORE you fall behind (or as soon as possible) shows that you are willing to pay your debts. They will be more likely to work with you!

At Wright-Patt Credit Union® (WPCU®), we are here to help you get ahead of these medical debt cycles. We've compiled a checklist to help organize any medical debt you may have and put together an action plan to help pay it down faster. We recommend using this tool along with one of our Monthly Budget worksheets!



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MEDICAL DEBT INVENTORY				
Debt Name	Date Incurred	Amount Owed	Payment Plan? (Y/N) If so, enter monthly payment amount.	Amount Remaining
Orthodontist	02/03/2023	\$5,000	\$100	\$2,500