

# Medical Bill Decoder + Dispute Kit

Understand your bill, spot mistakes, and dispute or negotiate with confidence.

**What this is:** a step-by-step workflow that uses ChatGPT to draft messages, letters, and scripts so you can understand paperwork, communicate clearly, and stay organized.

**What this is not:** medical or legal advice. Always verify facts, deadlines, and policy details. If you are unsure or the amounts are large, consider contacting your insurer, provider, a patient advocate, or a qualified professional.

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## Quick start workflow

Follow this order. Do not skip the first step.

**Before you paste anything:** remove names, addresses, phone numbers, dates of birth, member IDs, claim IDs, account numbers, and any other identifiers. Paste only what is needed (dates of service, line items, amounts, denial text).

- Step 1: Confirm what you have (bill, EOB, or both).
- Step 2: Translate it into plain English and build a clean line-item table.
- Step 3: Run the red-flag scan to identify likely errors or missing info.
- Step 4: Request an itemized bill and supporting details in writing.
- Step 5: Call billing and insurance using the scripts to confirm facts and next steps.
- Step 6: Draft a dispute or negotiation message and send it.
- Step 7: Track every contact and follow up on schedule.

This kit helps you stay organized and consistent. Most wins come from clear documentation, not perfect wording.

## Bill vs EOB in plain English

Knowing the difference prevents confusion.

A **medical bill** is what a provider or facility says you owe. An **EOB** (Explanation of Benefits) is what your insurance says happened on the claim: what was billed, what the plan allowed, what the plan paid, and what they say you owe.

If you have both, you can compare them line by line. If they do not match, that is often the starting point for a correction request.

- If you only have a bill: request an itemized bill and ask whether a claim was submitted to insurance.
- If you only have an EOB: check whether the provider has billed you yet and whether the EOB shows patient responsibility.
- If you have both: confirm the dates of service, provider name, and the amounts line up.

## Common billing and EOB red flags

Use this checklist before you call anyone.

- Duplicate charges or repeated line items for the same date and service.
- Units that look too high (for example, many hours or many identical supplies).
- Dates of service that do not match your visit or procedure date.
- Out-of-network surprises when you believed the facility or provider was in-network.
- No clear adjustment or discount line, yet the patient balance is high.
- A bill that arrives before insurance processing is complete.
- A code or description that is vague, missing, or inconsistent across documents.
- A patient responsibility amount that does not match what the EOB says.
- A claim marked as denied but the provider is billing as if it is final.
- A bill sent to collections before you had a fair chance to review and dispute.

If something looks wrong, do not argue the conclusion first. Ask for the facts in writing: itemization, coding, claim notes, and the specific reason for the amount you owe.

## Call plan and what to document

Keep calls short, calm, and structured.

Calls are useful to confirm facts quickly. Written follow-up is useful to create a record.

- Document every call: date, time, phone number, department, representative name, and a reference number.
- Ask for a timeline: when you will receive the itemized bill, corrected claim, or written explanation.
- Repeat back the next step to confirm you both agree.
- If you do not get clarity, ask for escalation to a supervisor or a billing specialist.

Pro tip: When you feel the conversation drifting, say: "**Let me pause and summarize to make sure I understand.**" Then restate the issue and the next step.

## Templates you can send

Copy, edit, and send. Keep it calm and factual.

These templates are included again in the prompt pack so ChatGPT can tailor them to your situation.

- Itemized bill request
- Dispute letter (structured)
- Negotiation request (discount or settlement)
- Payment plan request

Never accuse anyone of fraud. Stick to: what you see, what you are asking for, and a reasonable deadline for response.

# Copy and paste prompt pack

Use these prompts to generate your letters and scripts in minutes.

Tip: run Prompt 1 before you paste anything. Then follow the workflow prompts in order.

## Prompt 1: Privacy and redaction assistant

You are my privacy assistant. I want to paste a medical bill or EOB, but first tell me what to remove.  
Give me a checklist of sensitive items to redact (names, addresses, policy numbers, claim numbers, etc.).  
Then ask me to paste the redacted text.

## Prompt 2: Bill vs EOB translator

Explain the difference between a medical BILL and an EOB in simple words. Then ask me 3 clarifying questions.

## Prompt 3: Plain-English bill summary

Act like a medical billing interpreter. I will paste a redacted bill/EOB.

Tasks:

- 1) Summarize what happened in plain English (what service, when, where, who billed).
- 2) Break down the money (total, insurance paid, adjustments, patient responsibility).
- 3) List every line item in a clean table: description, code (if present), units, charge, allowed, etc.
- 4) Flag anything unclear or missing.

Rules:

- Do not guess what codes mean if you are not sure. Mark "unknown".
- If something is missing, tell me exactly what to request.

Ask me to paste the bill/EOB text now.

## Prompt 4: Red-flag scan

Based on the bill/EOB I pasted, scan for red flags and list them in 3 groups:

- A) Likely errors (duplicates, mismatched dates, impossible quantities, missing adjustments)
- B) Negotiation angles (self-pay discount, prompt pay discount, hardship, out-of-network surprises)
- C) Need more info items (missing itemization, missing provider details, unclear codes)

Then give me a prioritized next-step checklist in order.

## Prompt 5: Itemized bill request letter

Write a short, firm, polite letter requesting an ITEMIZED bill.

Include:

- My request for itemized charges with codes, units, dates of service, modifiers (if applicable)
- A request for the billing records supporting the charges
- A request for the name and contact info of the billing department
- A request that they pause collections while the bill is under review (if appropriate)
- A line asking for confirmation in writing

Use placeholders for my name and account number.

Tone: calm, confident, not aggressive.

Limit: 180 to 220 words.

## Prompt 6: Dispute letter (structured)

Write a dispute letter about this bill. I will paste the specific issues after this message.

Structure:

- 1) Summary of what I am disputing
- 2) Bullet list of issues, each with: what line item, why it seems wrong, what I'm requesting
- 3) Request: corrected bill, updated EOB, written explanation, and a timeline for response
- 4) Close: thanks, request written confirmation, reference details

Rules:

- Do not cite laws or policy language unless I provide it.
- Do not accuse anyone of fraud.

Ask me to paste: (a) the disputed line items, (b) amounts, (c) why I think they're incorrect, (d)

## Prompt 7: Phone script for billing office

Create a phone script for calling the provider billing office.

Include:

- Opening line and verification questions
- A "pause and repeat" section to keep the call structured
- Questions to ask (itemization, coding review, discounts, escalation, supervisor)
- What to write down (rep name, ref number, promises, dates)
- Closing line that confirms next step and timeline

Tone: warm, firm, organized.

## Prompt 8: Phone script for insurance

Create a phone script for calling my insurance about this claim.

Include:

- Key questions about allowed amount, adjustments, patient responsibility
- Questions to clarify out-of-network, prior authorization, bundling, coding review
- How to ask for the claim notes and the specific reason behind any patient responsibility
- How to request a reprocessing review if applicable
- Closing summary line

Tone: calm, confident.

## Prompt 9: Negotiation message (email or portal)

Draft a negotiation message to the provider.

Goal: reduce the balance or reach a fair settlement.

Include:

- A request for a discount (self-pay, prompt pay, hardship, cash rate comparison)
- A request for a written offer
- A short line that I am willing to resolve quickly once corrected
- A polite tone

Ask me 4 questions first: my budget, urgency, whether I can pay a lump sum, and whether I request

## Prompt 10: Payment plan request

Write a payment plan request message.

Include:

- Proposed monthly amount, preferred due date
- Request for zero-interest plan if possible
- Request to keep the account out of collections while paying
- Request for written confirmation

Tone: respectful, practical.

## Prompt 11: Follow-up tracker + next message

Create a simple follow-up tracker format I can copy into a note.

Fields: date, who I contacted, method, phone number/email, rep name, reference number, request made

Then write my next follow-up message if I do not hear back in 7 days.

## Prompt 12: Verify before I send

Quality check my draft letter/script.

Tasks:

- Identify any claims that might be inaccurate or unsupported
- Flag anything that sounds accusatory or emotional and rewrite it calmly
- Make it shorter and clearer
- Ensure it includes: what happened, what I'm requesting, a deadline, and a request for written communication

Ask me to paste my draft.

# Tracking sheet template

Copy this table into a document or spreadsheet.

You can also keep this as a simple note. The key is to capture reference numbers and deadlines.

Date	Who you contacted	Method	Rep name	Ref #	What you asked for	Next step + deadline	Outcome

Follow-up rhythm: if you do not hear back, follow up at day 3, day 7, and day 14. Always reference the last contact and the promise made.

## Disclaimer and safe use

Keep your information private and verify details.

- Do not paste personal identifiers into ChatGPT. Redact first.
- Do not invent facts. If you do not know, say you do not know and request clarification in writing.
- Deadlines and rules vary by plan and state. Confirm in your denial letter, EOB, or plan documents.
- If you are facing collections, large balances, or complex disputes, consider a patient advocate or qualified professional.

This kit is for educational purposes and communication assistance only.