

# This month at Samaritan

November 2024

Samaritan™  
MINISTRIES

## Classic/Basic sharing summary

**Member Households:** 79,166

**Bills:** \$32,557,694

**Shares:** \$35,450,653

Members in Samaritan™ Classic and Samaritan™ Basic submitted fewer bills than Shares available, resulting in a monthly surplus.

The surplus has once again allowed us to share some Needs ahead and will help insulate both Samaritan Classic and Samaritan Basic from large spikes in bills similar to the one Samaritan Classic experienced the past two months.

Here's what we're doing to fight rising medical costs:

- We're updating our programs to facilitate member-to-member sharing that is sustainable and balanced, allowing us to minister to one another when we most need it.
- We remain committed to health care freedom so that you can choose your medical provider without any network restrictions.
- Our Provider Relations team negotiates directly with health care providers. Over the past 12 months, the member savings from their work totals \$37.7 million, for an average of over \$3 million in Share dollars saved per month.

Here's what you can do to help:

- Give to the Member Assistance Fund. Every dollar donated goes directly to members burdened by a pre-existing or prorated Need. You can donate via MinistryLinq at [SamaritanMinistries.org/Donate](https://SamaritanMinistries.org/Donate).
- When you have a medical Need, use Healthcare Bluebook™ to get a fair price. And now when you use Healthcare Bluebook to get the Samaritan fair-price reward, we will waive the initial unshareable amount and any future proration on that particular Need.



## TELL A FRIEND REFERRAL PROGRAM

- INVITE SOMEONE
- AFTER THEY JOIN
- RECEIVE A CREDIT

**\$100**

## Refer a friend: It's a win for the both of you

Encourage a friend to join Samaritan Ministries! They'll be blessed by the Samaritan community, and you'll receive a \$100 Share credit three months after they start. Go to [samaritanministries.org/tellfriend](https://samaritanministries.org/tellfriend) for details.

## Guidelines updates are effective November 1

Several Guidelines updates go into effect November 1.

These changes include updates to sharing of supplements, alternative treatment, and Samaritan™ Classic maternity Needs, as well as clarification regarding our interpretation of licensed medical providers. The updated Guidelines ([SamaritanMinistries.org/Guidelines](https://SamaritanMinistries.org/Guidelines)) and a summary of changes ([SamaritanMinistries.org/GuidelinesUpdates](https://SamaritanMinistries.org/GuidelinesUpdates)) can be viewed online.

## 2024 Board of Directors voting opens November 5

Voting for the Board of Directors election will open on November 5, when members who are active on the Samaritan Ministries Dashboard will receive an email invitation to vote. The email will include a unique voting link members can access to cast their vote, as well as a link to the main Board of Directors election webpage, where members will find candidate profile information, FAQs, and a letter from Samaritan Chairman of the Board Jim Taggart. Voting closes at 4:59 p.m. CT November 19, so be sure to cast your vote before then! If you do not receive a voting link, check your spam folder or send an email to [membership@samaritanministries.org](mailto:membership@samaritanministries.org) and let us know you did not receive the email with the voting link.

## In this month's newsletter

You will find our newsletter as a PDF file on your Samaritan Dashboard. Once on your Dashboard, select the **Newsletter** option, then select **PDF Newsletter** under the appropriate month.

**We love babies:** While our maternity guidelines may have changed, our love of babies hasn't. Page 1.

**Noteworthy:** Our good works are for God's purposes. Page 2.

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**Review of *Never Pay the First Bill*:** Marshall Allen's book leaves us with wisdom in approaching a key aspect of health care costs. Page 7.

**Member didn't pay the first bill:** Member Joe Benson questioned a hospital bill. His post on X "struck a nerve." Page 9.

**Health Care Stewardship:** Good faith estimates enable price-conscious shopping vs. price-unaware shopping. Page 10.

**Nourish & Flourish:** Probiotics may help your skin, and we reprint a recipe for lentils and rice on the go. Page 12.

**Personal touch encourages member:** David Laigle says hand-drawn pictures from children encouraged him in his recovery. Page 14.

**The Doorpost:** Scripture tells us that we are not to remain silent when we see a fellow believer doing something wrong. Page 16.

## We're hiring at Samaritan Ministries!

We have open positions—working with other members, helping potential members, creating material, developing solutions, and more! Join our 400 staff members in our mission to redeem health care by helping the Body of Christ love one another through sharing each other's health care burdens. If you're interested in pursuing a career at a Best Christian Workplace ([workplaces.org](https://workplaces.org)), go to [SamaritanMinistries.org/Careers](https://SamaritanMinistries.org/Careers) to learn more about our open onsite and remote opportunities.

## November 2024 Save to Share™ Needs

- **Tony** is being treated for metastatic thyroid cancer. Please pray for complete healing.
- **Shawn** had multiple surgeries to treat severe kidney problems and related complications, and additional surgery is planned. Please pray for complete healing.
- **Will**, infant son of Craig and Angela, was born prematurely and is being treated in the NICU. Please pray for complete healing.
- **Wesley** is recovering from two brain bleeds and multiple blood clots that require intubation, which then led to pneumonia. Please pray for complete healing.
- **Michael** is being treated for a recurrence of diffuse large B-cell lymphoma. Please pray for complete healing.
- **Annabelle (11)**, daughter of Christopher and Mallory, is recovering after having emergency surgery to remove a brain tumor. Please pray for complete healing.

These Needs were assigned to members who participate in Save to Share™ for Needs greater than \$250,000. They have already been shared, so no additional giving is necessary. They are listed to encourage all members to pray.

NOVEMBER 2024

# Christian Health Care Newsletter



(iStock)

## Maternity guidelines have changed; our love of babies hasn't

by Michael Miller

**SAMARITAN MINISTRIES** loves babies!

After all, members have shared more than 60,000 maternity Needs in the past 30 years. Samaritan also started the [Morning Center](#) in 2011, a ministry that provides charitable maternity care to those families that need it.

As a pro-life ministry, it's been important to us to support maternity Needs and do our best to make having a baby affordable for families.

However, because of health care inflation, maternity costs have increased so much that they are now the highest type of Need shared through Samaritan—twice the amount of bills from cancer Needs and three times the amount of bills from heart Needs. In the past 4½ years, members have shared slightly more than \$250 million in

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Samaritan™  
MINISTRIES

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Don't remain silent

### Member Letter:

#### IN THE HANDS OF THE LORD

My wife, Pam, and I initially looked into Samaritan Ministries hoping to save money. We also know that our hope of health care is in God's hands no matter what the expense. "The Lord is good, a stronghold in the day of trouble; and HE knows those who trust in HIM" (Nahum 1:7, NKJV).

Pam got cancer in May 2021 and three years later she went to Heaven to be with Jesus. God was so gracious to give our family such a long time to understand that our loss is Pam's gain. Samaritan Ministries was there for Pam and our family every step of the three-year journey through prayer, love, and in every financial need. What a wonderful tool in the hands of the Lord Samaritan Ministries has been to us.

**Bill  
FLORIDA**

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## Noteworthy | From the Editors

God is always leading His people to good works for His purposes.

The prophet Isaiah said that “the Lord will guide you continually” ([Isaiah 58:11](#)) and the Lord also revealed to him that “I am the Lord your God, who teaches you to profit, who leads you in the way you should go” ([Isaiah 48:17](#)). In [Philippians 4:13](#), Paul writes that he (read: we) “can do all things through Him who strengthens me.”

Those verses are reminders that when we step out in faith, whether it’s as a missionary, like Shana Luibrand (page 4), or as a member in a health care sharing ministry (pages 1 and 14), the Lord finds something for us to do that inevitably blesses others. That something could be financial, or it could be one’s presence, or it could be encouragement.

But it’s always something.

We just need to trust that He is equipping us “with everything good that you may do His will” ([Hebrews 13:21](#)).



Michael Miller  
EDITOR

## Helpful Resources

### ▶ Facebook.com/groups/samaritanmin

Reach out to other members in our Facebook Group.

### ▶ Important emails

Medical Needs: [needs@samaritanministries.org](mailto:needs@samaritanministries.org)

Sending or receiving Shares: [membership@samaritanministries.org](mailto:membership@samaritanministries.org)

Your membership: [membership@samaritanministries.org](mailto:membership@samaritanministries.org)

### ▶ Health Resources | Dash.SamaritanMinistries.org

- Compare quality and cost of health care services in your area using Healthcare Bluebook™. Receive Samaritan’s fair-price reward when you submit a screenshot showing you chose a green fair-price provider.
- Access discount tool for prescriptions.

### ▶ Writers guidelines: [samaritanministries.org/writers-guidelines](https://samaritanministries.org/writers-guidelines)

### ▶ State disclosures: [samaritanministries.org/statedisclosures](https://samaritanministries.org/statedisclosures)

Samaritan™ Classic members' regular maternity Needs.

That means that about \$1 in every \$5 shared has been going to a maternity Need.

As a result, we've had to take some steps to change the maternity sharing Guidelines to stabilize overall sharing among members in Classic.

Surveys have revealed that members' highest priority is to keep their monthly Share amounts lower. Lower Share amounts are a higher priority to our members than sharing more types of Needs and even rank above avoiding proration.

That's why we're asking child-bearing families in Classic to carry more of the financial cost of their maternity Needs. Our new sharing Guidelines for maternity Needs for members in Classic are more in line with what other health care sharing ministries offer as well as the economic realities of maternity costs.

### **New maternity guidelines**

The new guidelines for hospital or birth center maternities include the following for all maternity Needs in Classic that have a due date on or after October 1, 2025:

- A 30 percent co-share after the initial unshareable amount (IUA) of \$750 is met, but
- A maximum co-share of \$3,000.
- This means a maximum out-of-pocket cost to a member family of \$3,750 for a regular maternity Need (when there is no proration).

Needs for home births and vaginal births after caesarean section (VBACs) for members in

Classic and Basic also are being updated. For all home births and VBAC Needs started on or after November 1, 2024, the initial unshareable amount and proration will be waived. Members with such Needs with a due date on or after October 1, 2025, will still be required to pay a co-share of up to \$3,000.

If these new Guidelines had been in effect for Samaritan Classic maternity Needs from August 2023 through July 2024, the savings on bills shared would have been \$3,330,042, or more than \$277,000 per month.

We believe this change will keep the Share amount lower for all Classic households. We also believe that because of this change we will need to prorate less frequently and thus, will be able to keep Share increases lower, helping all member households. This change will also help keep our programs stable.

For many years, our maternity sharing has been more generous than any other health care sharing ministry. Even our new maximum out-of-pocket cost to a family in Samaritan™ Classic of \$3,750—for maternity Needs with due dates of October 1, 2025, or later—compares favorably to sharing levels of other health care sharing ministries.

These changes are part of an overall effort to improve our programs and keep them sustainable. This year, as part of an effort to keep Share amounts from increasing, we have also:

- Modified the generous limits on physical therapy and supplements.

- Increased the initial unshareable amount for all members in Classic.
- Added waiting periods for the sharing of some conditions for new members.

However, to ease overall burdens and provide value to our members, we also have been able to:

- Start providing telemedicine again for a reasonable cost.
- Provide access to prescription discounts.
- Make discounts available for routine testing and imaging.

### **Staying healthy**

We hope that the wisdom of these changes will be apparent as we work to keep Samaritan Classic—and babies—healthy.

Part of Samaritan's DNA is bearing the burdens of fellow Christians ([Galatians 6:2](#)). We understand that, for some families, this Guidelines change in maternity sharing may result in financial burdens. We ask that those members who won't be affected as much by these changes consider giving to our Member Assistance Fund to help some families who may be affected, keeping 1 Corinthians 12 in mind, that when one part of the Body of Christ suffers, all parts suffer.

Jesus is our ultimate provider, so we pray that our members will see these changes in maternity sharing for members in Classic as an exercise of His provision and guidance.

We also will continue to rejoice with member families over every new life. ♦♦♦

Michael Miller is editor of the Samaritan Ministries newsletter.

# Registered nurse's knowledge comes in handy as missionary

by Anna Moore

By tending to physical needs, Shana Luibrand was able to open doors alongside her husband in Africa

**SHANA LUIBRAND** went to east and west Africa at various times from 2013-2020 planning to build relationships with the local people and share the Gospel. But God's mission for her looked a little different.

She also would provide health care to the sick.

Among other activities, Shana now contributes content to the Samaritan Ministries newsletter. But in the past, the Lord also used the Montana woman's knowledge and talents as a registered nurse to provide physical care as it was needed. By meeting others' physical needs, Shana could open doors to serve their spiritual needs, too.

"When we commit to saying yes to showing up and allowing the Lord to work in or through us, He often throws us opportunities we don't necessarily look for or expect," she said.

God led her to nursing school at Montana State University and years later allowed her to take the skills she learned and care for Nigerian and Ugandan villagers.

"He used that knowledge to help me stitch up a little boy's hand to prevent infection, to be the physical hands that kept a few very tiny babies alive and well," she said. "But



Shana Luibrand cuddles a baby in Nigeria. (Supplied photo)

ultimately, He allowed me to come along for the ride and showed me what a great God He is."

## **Caring for orphans in Nigeria**

After one step out of a Jeep onto the red soil of a remote village in Nigeria, Shana and her husband, Nathan, were welcomed by about 200 sweet, smiling young faces.

"It was love at first sight," she said.

Soon after their arrival, Shana met Anne, a very small premature newborn.

"She taught me a lot about life and prayer," Shana said.

A month or so into their time in Nigeria, Shana realized something wasn't right with Anne's health. A trip to a nearby hospital resulted in a diagnosis of hydrocephalus, a condition in which there is abnormal fluid buildup deep within the brain. Shana said Anne passed away nine months later.

Anne was the first of many babies Shana cared for during her 14 total months in Nigeria, split

into a few short-term trips from 2013–2014 and in 2016.

“My mom was a missionary kid in Nigeria growing up, so I went with the blessing of our local church to help out at an orphanage that was run by my grandfather’s former interpreter,” she said.

The needs at the orphanage were plentiful. Whether it was teaching kindergarten, finding resources for other teachers, teaching teenage girls Bible study or Sunday school, reading stories at night to the boys in their dorms, or hosting and cooking for groups of short-term missionaries coming to help, Shana and Nathan jumped right in. Popping up through the cracks were medical needs. On any given day there could be a baby in need of a nasogastric tube or a need to spend a few nights stimulating premature babies who sometimes forgot to breathe. Shana would also help clean or stitch up wounds, treat malaria, or travel to and from the hospital for various needs.

“You can imagine how many medical needs there are at an orphanage on a regular basis,” she said. “Everyone— the aunts, cooks, teachers, drivers, etc.— worked together and pitched in to help wherever they were needed. The Lord used so many people for His honor and glory in raising these babies, and I felt privileged to get to be a part of the Lord’s working there.”

### **Building relationships in Uganda**

Shana and Nathan’s experience in Uganda in 2020 looked a little different than their time in Nigeria. They still wanted people to know



Shana and Nathan Luibrand with their then-toddler son in Uganda. (Supplied photo)

the good news that Jesus came and died for them, but to know that truth, the residents had to hear it and understand it in their native language.

“Our first step was going to be the long process of learning the tribal language so we could share this good news with them and eventually help start a Bible school,” Shana said.

Despite COVID shutdowns, God opened doors for them to begin language learning and to start sharing the Gospel with those they

could communicate with in English.

“We brought along a curriculum that was a snapshot of creation through the Cross,” she said. “It was called [‘King of Glory’](#) and it gave a full picture of God’s plan for us all. Living life in a semi-remote African town is hard physical work, and it took many hours of our days just focusing on survival. When we met these precious people, we were bowled over by how desperate they were to hear the message we had brought with us.”

Nathan and Shana used creation

in their relationship-building. A nearby mango tree became a gathering place for the men. Young mothers in the village invited Shana to sit and shell peanuts and taught her how to cook their food. Even Nathan and Shana's blonde-haired, blue-eyed baby boy was used as a ministry tool.

"They were enamored with him," she said. "A couple mothers from the village would send their young children to come and play at our house while they worked in the fields."

God set everything into place for His glory. He also gave opportunities for Shana's nursing expertise to be used to demonstrate Christ-like compassion and care. Shana recalled treating a case of malaria, a sick child in need of fluids, and a woman with an infected ulcer.

"These everyday moments brought open doors to share why we had come, to share the good news of God's plan for salvation," she said.

### **Saying 'yes' to God**

When Shana thinks back to her mission trips in Africa, she recalls God's faithfulness. Just as David was about to face Goliath and recalled God's faithfulness when he was fighting bears and lions in the wilderness, Shana recalls God's track record of faithfulness in her time overseas.

She said God took care of their financial needs, kept them alive, and sustained them. He also brought people to the mango tree and into their home to be loved and helped, preparing the villagers' hearts to receive the Gospel.

"God didn't just take care of the



Schoolchildren gather in Ottutulu, Nigeria, where the Luibrands served as missionaries. (Supplied photo)

'big' stuff, because to God there is no small stuff," she said.

Shana left each country humbled and with deeper faith in the Lord. In Nigeria, she learned that God sees the bigger picture, and that she is only a small blip on His giant portrait.

"Saying 'yes' to God is the greatest adventure in life," she said. "I learned that serving people and sharing the Gospel isn't always easy or nice, and often it's uncomfortable, but stepping out in faith and getting to see the Lord at work was a huge blessing!"

In Uganda, Shana learned that God's plan is not always her plan, and that God uses hardships to draw His people closer to Him. Leaning on the Lord as our ultimate source for strength, she said, is the best place to be.

By being temporarily placed in harder living conditions with people she just met, Shana got to see and experience their deepest needs up close and personal. In showing them love, compassion,

and care physically in tangible ways, doors were opened for Shana to love and care for them spiritually.

"He could have done all of this without me, because He's God," she said, "but ultimately, He chose to allow me to be used, and I believe there is no greater blessing than getting a front row view of His workings." ◆◆◆

Anna Moore is assistant editor of the Samaritan Ministries newsletter.

# Never Pay the First Bill leaves us with wisdom in approaching a key aspect of health care costs

by Michael Miller

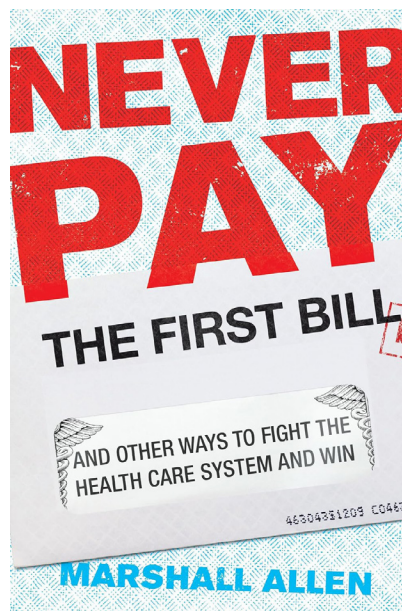
**MARSHALL ALLEN** was on a mission when [the Lord called him home](#) earlier this year.

The award-winning investigative reporter waded through the swamp of U.S. health care for nearly two decades trying to help fellow Americans who are stuck in its mud. He emerged as an expert in dealing with the billing aspects of the industry, which, at some point or another, could affect any of us.

While his death is a loss, he left us with a great deal of wisdom on how to deal with health care billing through his Allen Health Academy curriculum and newsletter as well as his book [Never Pay the First Bill: And Other Ways to Fight the Health Care System and Win](#) (Portfolio, 288 pages).

Dedicated to “anyone who’s been pushed around by the American health care system,” *Never Pay the First Bill* was written as a warning that bills from health care providers aren’t always accurate and that we should always take a close look at them. It also exposes “hidden tricks” that the health care industry uses “to make your money disappear.”

While some of Allen’s book is addressed to people with health insurance and to employers, members of health care sharing



ministries can benefit, too. Allen explained the inner workings of provider billing so that patients know whom to call and how to work with those providers when there’s a problem with a bill.

And problems are common. Allen wrote that “experts who review medical bills for a living say *most* of them contain some type of mistake” (emphasis in original). “Somehow, the errors don’t seem to work in the patient’s favor,” he added sardonically. One patient advocate told him that “she probably catches errors in about 80 percent of the medical bills she

reviews for her clients.”

In the chapter “Never Pay the First Bill,” Allen offers steps to take when you receive a medical bill, including:

- Obtain an itemized bill (which Samaritan members have to submit anyway for a Need to be shared).
- If necessary, obtain the relevant medical records.
- Examine the itemized bills and the medical records to see if both reflect the care the patient actually received.
- Make sure the bill is priced fairly by using such tools as Health-care Bluebook™, available in Health Resources on your Samaritan Dashboard.

For instance, getting an itemized bill and obtaining medical records can help you track down whether the provider is billing you for something they actually did or gave you. Make sure that the billing codes and medical records line up, since the former are supposed to come from the latter. “Refuse to pay anything that’s not documented in the records,” Allen wrote. Then he warned about “upcoding,” which involves

a provider charging for a level of care more complex than that which was actually given.

Medical providers get paid much more for each level of care they provide. It's also a major source of fraud. If a doctor or hospital claims the care they provided was more complicated than it was, we end up paying more.

Sometimes, fixing such a problem is as simple as reaching out to a provider and asking them to adjust a code so it's accurate.

Other chapters in part one deal with debt collectors and going to small claims court.

Part two offers tips on "Avoiding the Need to Fight," with tactics that health care sharing ministry members most likely are already familiar with.

One chapter focuses on avoiding unnecessary treatment. Allen cited a study by the Washington Health Alliance that found in one year, 600,000 patients in that state underwent a treatment or test they didn't need at a total cost of \$282 million. The author encourages patients to ask whether a procedure or treatment is necessary, whether there are other options that may be less costly but just as effective, and whether it can wait until you've done more research or gotten a second opinion.

He also talks about "inelastic demand," which is treatment you absolutely need, such as for diabetes or showing up at an emergency room with chest pain. It's inelastic because the need for it "doesn't change if prices go up or down."

"That's why the medical industry can get away with charging us

**Allen's book is a great reminder that sometimes the health care system gets it wrong and needs to be challenged. Sometimes it expects payment that isn't legally or morally proper.**

so much and continue raising the prices. You and I will pay anything to save our lives or the lives of those we love."

And the health care/health insurance cartel will exploit that.

Dealing with an inelastic situation is where Allen encourages patients to follow the lead of the health literacy company Quizzify and add a clause on informed consent documents like the following:

I consent to appropriate treatment and to be responsible for reasonable charges up to two times the Medicare rate.

Allen also encourages patients to check around and find the lowest prices, which many Samaritan members do very well already!

While advising readers who have health insurance how to navigate billing complications that show up for them, Allen also exposed those companies in a chapter titled "You Might Save Money by Not Using Your Insurance" and notes that "In recent years people have found

they sometimes get a better deal if they don't use their insurance plan." In some cases, patients with insurance were able to get a better deal on treatment by paying cash rather than submitting a claim to their insurance company and having it applied to their deductible, or finding out their insurance company had negotiated a price that was higher than a cash price would be.

That means, Allen wrote, that "many insured Americans are functionally uninsured."

Allen's concluding encouragement is to "stand up to the bullies" in the health care system.

They think it's okay to hide prices from you even though they know you can't afford to pay the bills. They tolerate the middleman and markups that drive up costs because often they are the middlemen doing the markups! They don't care if your bills contain errors that drive up the costs. They just expect you to hand over the money and will send bill collectors after you if you don't pay up. ... At some point, you have to say 'Enough is enough' and tell the bully he has pushed you too far. Now it's time for him to back off.

*Never Pay the First Bill* is a great reminder that sometimes the health care system gets it wrong and needs to be challenged. Sometimes it expects payment that isn't legally or morally proper.

We can and should stand up to it.

And, whatever you do, never pay the first bill. ♦♦♦

Michael Miller is editor of the Samaritan Ministries newsletter.

# Joe Benson didn't pay the first bill

by Michael Miller

A simple social media post sharing the story behind a hospital bill for a child's emergency room visit must have "struck a nerve" with other families, Samaritan Ministries member Joe Benson said recently.

As of October 1, Joe's June 10 [X.com post](#) describing the billing surprise had more than 8.9 million views, 37,000 likes, 6,800 reposts, 5,900 bookmarks, and 3,800 comments.

"Clearly, people have felt similar frustrations, but it just connected with people more than anything," said Joe, founder of a Texas-based website design and marketing service.

The crisis started when Van, the 3-year-old son of Joe and his wife, Fran, started exhibiting signs of appendicitis after the family had assisted in a community fund-raiser on an early June morning.

"He had been mostly fine and is not very dramatic, but he hunched over like I've never seen before and told me that he had a really bad belly ache," Joe said. "From that point forward for probably two and a half to three hours, all he wanted to do was be in his mom's arms."

They took him to an urgent care, where they were encouraged to get him to an ER.

At the hospital, a doctor came in, pushed on Van's belly a little bit, and said he would order some tests to rule out strep.

## Outstanding Balance

|   |   |                               |  |
|---|---|-------------------------------|--|
| Jun 1 2024  | Emergency Visit at [REDACTED]<br>Physician Services<br>Provider: [REDACTED]<br>Patient: Benson<br>Account: [REDACTED] | Billed<br><b>Your Balance</b> | Outstanding<br>\$740.00<br><b>\$740.00</b> |
| Detailed Account Information                      |   |                               |  |
| Emergency Department Visit Low Mdm - 99283 (CPT®) |   |                               | \$740.00                                   |

|  |  |                               |  |
|--|--|-------------------------------|--|
| Jun 1 2024   | Emergency Visit at [REDACTED]<br>Hospital Services<br>Provider: [REDACTED]<br>Patient: Benson<br>Account: [REDACTED] | Billed<br><b>Your Balance</b> | Outstanding<br>\$3,439.07<br><b>\$3,439.07</b> |
| Detailed Account Information                                       |  |                               |  |
| Emergency Room   |  |                               | \$2,215.00                                     |
| Emergency Dept Visit 3 - 99283 (CPT®)                              |  |                               | \$2,215.00                                     |
| Laboratory   |  |                               | \$1,224.00                                     |
| Cofl1^Influ A - 0241U (CPT®)                                       |  |                               | \$973.00                                       |
| Raps^Strep a Screen - 87880 (CPT®)                                 |  |                               | \$251.00                                       |
| Pharmacy   |  |                               | \$0.07   |
| Acetaminophen 160 Mg/5 Ml (5 Ml) Susp (0121-0966-00) - quantity: 2 |  |                               | \$0.07   |

Your total balance for outstanding visit accounts: **\$4,179.07**

Medical provider bill posted by Joe Benson on X.

"After about 30 or 45 minutes of us sitting there, my son belched loudly for an extended period of time, and like a light switch immediately went back to his old self," Joe said. "He went back to talking, goofing around, playing around. We knew immediately that he was fine."

The Bensons canceled the ultrasound and signed Van out of the hospital.

Several days later, they had another scare when a bill for \$4,179 arrived in the mail.

"I called the billing department and told them I was part of a health care sharing ministry, cash-pay," Joe said.

The representative told Joe if

he paid immediately, the bill would only be around \$685.

"It was outrageous," Joe said. "I was upset at the original price for the service we had been provided."

"It taught me honestly that we have serious health care issues, that the marriage between the hospitals, the care facilities, and insurance companies, and the way that prices are manipulated to keep everybody happy, are a large driver of costs going up."

"If no one ever does pay that price, or it's not the real price, they shouldn't show that price." ♦♦♦

Michael Miller is editor of the Samaritan Ministries newsletter.

# Good faith estimates enable price-conscious shopping vs. price-unaware shopping

by Barry Clark

We have some resources for you to use in your research

**THE UNITED STATES** has a consumer-driven economy. Inflation, the stock market, and the gross domestic product are, at their core, driven by spending.

On a personal level, we are inundated with marketing overload via television, radio, internet, social media, smartphones, billboards, etc. And search engines, along with the recent onslaught of artificial intelligence, often seem to predict our shopping interests with uncanny accuracy.

With all of this being true, most of this marketing and promotion often tries to mask the actual cost of a purchasing decision. That \$10 lunch quickly becomes \$14.50 after tax and tip. The \$70 concert ticket is actually \$85 after add-on fees. I've rented a car for \$29 a day that cost \$54 after all the required add-ons. Auto dealers try to sell based on the monthly payment and not on the actual bottom line total price. Each of us could add examples of seller strategies for masking or dodging the bottom-line price.

Our health care provider choices are no different. The health care industry has historically made it a core business strategy to not share pricing, or to at least make it



downright difficult and nail-biting to obtain solid pricing information.

Medical providers' ability to stick with the "don't share prices" business model is slowly eroding due to negative consumer sentiment, competitive pressure, and government action. But good faith estimates are one aspect of government action that you can use to your advantage as a cash-pay Samaritan Ministries member.

## Take the first step

Federally mandated rules allow self-pay individuals to obtain a pre-service good faith estimate as part of the No Surprises Act. This topic was highlighted in the September 2022 Samaritan Ministries [newsletter article](#) entitled "Powerful new tools for health care cost containment." That article says that "providers must provide patients an estimate of the cost of their procedure upon request

and are then required by law to bill a final price within \$400 of that original estimate. Now you can find prices ahead of time and make an informed purchasing decision."

Now indeed! The first step to making an informed medical provider decision is having solid pricing data to be able to compare options. The remainder of this article gives specific how-to steps to factor solid pricing information into your health care decision process via the good faith estimate process:

## 1. Find a good faith estimate

Access the transparent pricing portal of the website of the hospital or physician/provider group you are considering. The name of this feature and the menu choices may vary by provider website. Here's one example of navigation that is quite common:

- Go to the provider's home page.
- Select something along the lines of "patient information."
- Select something like "transparent pricing and estimates" or "price estimates."
- Launch the tool that displays a

query entry screen of information needed to obtain a good faith estimate.

Note 1: Many providers' online tools provide price estimates for the most common procedures and ask you to email or call for procedures and conditions not listed. Also, some providers do not have an online tool, and either direct you to a toll-free number or a form to complete.

Note 2: The effort to obtain a good faith estimate, although not overly time-consuming or difficult, is probably not worth our members' time for bills less than \$250 and primary care expenses. It is, however, well worth your time for most non-recurring care situations.

## 2. Is it a fair price?

OK, you've completed step 1. Now you are in possession of a pre-procedure or pre-service good faith estimate. But is the price a fair price? How do you know that this provider is a high-value, price-competitive choice for you as an individual health care consumer and as a good steward of your fellow Samaritan Ministries members' Share dollars? See the next step.

## 3. Evaluate the estimate

Evaluate the good faith estimate price by accessing the Healthcare Bluebook™ tool on your [Samaritan Dashboard](#):

- From the Dash homepage, select Health Resources.
- Launch the Healthcare Bluebook website.



(iStock)

- The Healthcare Bluebook site allows searches by hospital/facility, provider/doctor, and by medical procedure.
  - In our example, you have a provider for whom you've obtained a good faith estimate.
  - Search for that provider. If you don't get a hit on your query, do a procedure search based on your ZIP code.
  - Is your provider a green-priced provider? If not, is there another green-priced provider that may be an acceptable alternative?
  - Work through the results: You may want to request a good faith estimate from an alternate provider listed on the Healthcare Bluebook site.
- We can help!**  
Assistance is available from Healthcare Bluebook and Samaritan. You can:
- Call the Healthcare Bluebook toll-free number at (855) 286-3663 for direct assistance.
  - Send an email to the Samaritan Provider Relations Department at [upfrontservices@samaritanministries.org](mailto:upfrontservices@samaritanministries.org). We are available to help you choose a fair-priced provider and to assess if the good faith estimate you obtained is a good value choice.
- By using the good faith estimate process, you have solid information to help you make informed medical provider decisions. You also have the Healthcare Bluebook tool to validate if the estimate is a fair price. And you have access to assistance from us to navigate the process.
- So use the good faith estimate option to navigate your health provider choices! ♦♦♦

Barry Clark is manager of the Samaritan Ministries Prover Relations team.



# Nourish & Flourish

## Probiotics may help your skin

Friendly gut bacteria can help your skin stay at a proper pH balance, which helps the outer as well as inner parts of your body.

Your skin stays supple, strong, and hydrated with a slightly acidic pH of 4.2 to 5.6. Probiotics can help with this, according to Dr. Whitney Bowe, author of *The Beauty of Dirty Skin*.

This pH level promotes pathogenic bacterial colonization, the “good bugs” that help our skin and bodies fight inflammation. This setting helps the skin keep its moisture and control enzyme activity. Probiotics can help keep the skin functioning and looking its best by keeping the pH at the best levels.

Probiotics have many other benefits to skin health, including countering harmful bacteria, supporting barrier function both in the intestines and on the skin, contributing to the regulation of the immune system by helping control inflammation and imbalances, and helping support the working balance of the gut-brain-skin axis, which Dr. Bowe discusses in her book.

Probiotics can be taken as an oral supplement but can also be found in some topical skin care products. The easiest way to consume probiotics is by eating foods that have them. Check the nutrition label on food for “live

active cultures.” Some foods and drinks with probiotics include yogurt, kefir, sauerkraut, kimchi, pickles, kombucha, cottage cheese, miso, and tempeh.

Don’t forget to feed your friendly gut bacteria by also eating prebiotics. These are found in foods such as garlic, onions, leeks, asparagus, bananas, oats, barley, flaxseed, and chicory root. ♦♦♦

Scientific information taken from [The Beauty of Dirty Skin](#) by Dr. Whitney Bowe.



(iStock)

## RECIPE

# Lentils and rice on the go

By Katie Kimball

[KitchenStewardship.com](http://KitchenStewardship.com)

When I came up with the concept of being able to pack a few of our family's favorite meals without needing much prep or perishables while we were on the road, I thought of it this way:

- Choose a non-meat-based meal, preferably based on something like rice or quinoa.
- Make sure most of the veggies are easily purchased in a dehydrated form.
- Buy some bone broth powder so that your water is actually broth packed with nutrients.
- Make it in a slow cooker or Instant Pot so that it's easy to prepare and ready for you when you walk in from a long day of hiking.

You can use this sort of paradigm or mindset most likely to take a few of your family's favorite meals and turn them into simple reverse-cake-mix, just-add-water dinners. To be fair, none of these are actually *just* add water. I'm generally adding things like canned chicken, tomato sauce, beans, and cheese on top, so it's really just add water and open a few cans. Still, an incredibly quick meal when you are on the go or pinched for time on a regular weeknight at home. ♦♦♦

Katie Kimball's content is available at [KitchenStewardship.com](http://KitchenStewardship.com). Reprinted by permission.

## Dry Mexican Lentils and Rice 'Just Add Water' Instant Pot Recipe

Author: Katie Kimball. Prep Time: 10 minutes. Cook Time: 30 minutes. Total Time: 40 minutes. Yield: 4-6 servings. Diet: Gluten Free

*This lentil and rice dish can be made with or without canned chicken for a protein boost.*

### Ingredients

#### Dry Ingredients:

- ¾ cup dry green lentils
- ½ cup white or brown rice
- 3 scoops chicken bone broth powder
- ¼ cup dry minced onion
- ¼-½ cup dry diced red or green bell pepper
- 1 tbsp. homemade taco seasoning (or 1 packet)
- ½ tsp. garlic powder
- ½ tsp. salt

#### Wet ingredients:

- 3½ cups water
- 1 8-oz. can tomato sauce
- 1 or 2 sliced carrots (or skip if you have zero time)
- 1 or 2 cans cooked chicken (or save 2 cups chicken from a rotisserie chicken meal, another easy "on the road" sort of thing)

*Optional: Add any other veggies you have around—frozen broccoli, peas, fresh spinach, etc.*

### Instructions

1. To prep, put all the dry ingredients in a gallon zipper bag. I recommend writing the rest of the instructions in marker on the bag.
2. To cook, mix all dry and wet ingredients together in an Instant Pot®. Set to 15 minutes for white rice or about 24-28 for brown (longer for long-grain rice).
3. You can leave the IP on low all day waiting for your family to arrive home from whatever adventure calls you!
4. Serve with shredded Mexican or cheddar cheese on top and any other Mexican fixings your family enjoys.

*Italian version: Swap taco seasoning for Italian seasoning and serve with warmed pasta sauce and mozzarella cheese.*

Original recipe at [Kitchen Stewardship](http://KitchenStewardship.com).



# Personal touch encourages member

by Anna Moore

Samaritan Ministries member David Laigle received more than 170 Shares after a life-changing brain surgery in April, but two hand-drawn pictures and many prayers encouraged him most.

"I write notes to other people and pay my monthly Shares, but I've now received over 176 checks from different members with notes," he said. "A lot of people will send me scripture and quotes and very nice greetings and store-bought cards and handwritten cards and notes, but there was one lady that sat down and had her two children, both under 5 years old, draw me pictures and write me notes, and I mean, it just floored me. It was the sweetest thing."

David, who lives in central Texas, has experienced a myriad of health problems over the past two decades.

"I'm extremely physical and (like to be) outdoors," he said. "I've had several health problems over the past 20 years. Everything from kidney stones to colon polyps to sleep apnea and changing voice and all these things."

David's most recent problems started two years ago. Surgery for stage 4 malignant melanoma led to other problems. Then a follow-up dermatology examination revealed swelling that was traced to a tumor behind the bridge of his nose.

He had surgery to remove the non-cancerous tumor in April and,



Samaritan Ministries member David Laigle (Supplied photo)

within 42 hours, he walked out of the hospital without the tumor and free of many other issues he previously had.

"Of the 35 different maladies I've suffered in the past 20 years—kidney stones, colon polyps, swelling joints, sleep apnea, voice change, losing my ability to whistle and sing—they all disappeared overnight," he said. "They were all connected to this."

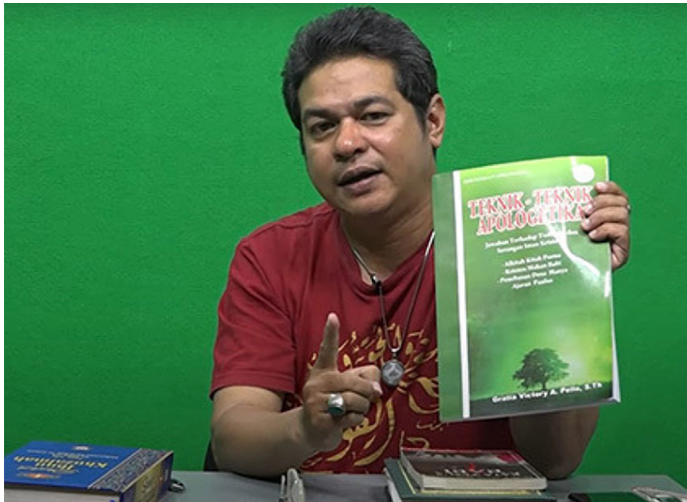
"Some people get overwrought when you're facing such a daunting

operation and all that, and I really felt at peace even going in," David said. "I just thought, I'm a man of faith and I can't lose. I either wake up dead and I win, or I wake up a new man and I win. ... But knowing that thousands of people were praying for me, especially my family, it helped."

"That was just the most uplifting thing I've ever experienced," he said. "It just blew me away." ♦♦♦

Anna Moore is assistant editor of the Samaritan Ministries newsletter.

## Prayer for the Persecuted Church



Indonesian Christian apologist Gratia Pello holds up content in a video. (ICC)

### Christians released from prison in Indonesia, China

Praise God that two Christians have been released from prison. Christian apologist Gratia Pello is out on parole after nearly a year in an Indonesian prison, International Christian Concern reports. He was arrested and charged with blasphemy in December 2022 for allegedly insulting Muhammad in a video in which he refuted insults against Jesus. Pello must report to the prosecutor's office monthly until his parole ends in December. In China, missionary David Lin, a 68-year-old naturalized U.S. citizen arrested nearly 20 years ago, was released in September. Lin was arrested on charges of contract fraud after he applied for permission to open a church in 2009. He has returned to the United States.

### Sri Lankan church's attendance restricted to family

Church services in a Sri Lankan village have been restricted to the pastor's immediate family members, Voice of the Martyrs-Canada says. Attendance at the Jesus Jeewamanai Revival Church in Polgahawela had been limited by police following a complaint by villagers and Buddhist leaders. An August 23 letter claimed the pastor had violated an earlier agreement. Authorities then limited the number of worshippers to immediate family. *Pray that the members of the church will be able to find ways to gather, and that the pastor will be able to have an impact on his flock despite a lack of services. Pray also for the conversion of the authorities.* ♦♦♦



**Remember those who are in prison, as though in prison with them, and those who are mistreated, since you also are in the Body.**

**HEBREWS 13:3**

Our brothers and sisters in Christ around the world are being persecuted for the sake of the Gospel. We need to remember them in prayer and action.

Each month, we will provide updates and offer prayer points gleaned from a variety of sources. Please use them in your prayer time and possibly to seek other ways, small or large, to supplement our prayers with action.

**FOR MORE INFORMATION ON THE PERSECUTED CHURCH:**

International Christian Concern  
[persecution.org](http://persecution.org)  
800-422-5441

World Watch Monitor  
[worldwatchmonitor.org](http://worldwatchmonitor.org)

# You shall not hate your brother in your heart ... Leviticus 19:17a

## THE DOORPOST

DEUTERONOMY 6:4-9, 11:18-21



You shall not hate your brother in your heart, but you shall reason frankly with your neighbor, lest you incur sin because of him.

### LEVITICUS 19:17

Do you think it is loving to remain silent when you see a fellow believer do something wrong? Remaining silent can actually be hateful if you are harboring silent criticism or hostility. You should reason frankly with them about what you think they are doing wrong. This has been part of the teaching of Scripture from the beginning and continuing through the rest of the Bible.

If you do not warn them, you may share in the responsibility for their wrongdoing. When you do warn them, your warning should be out of loving concern and not be harsh, and you should be careful not to fall into the same failure yourself ([Galatians 6:1](#)).



For The Kingdom,  
Ray King

A handwritten signature in black ink that reads "Ray King". The signature is written in a cursive, flowing style.

## Samaritan Ministries sharing disclosure

Each month, as part of accreditation by the [Healthcare Sharing Accreditation Board](#), we provide a sharing report of members' eligible medical expenses and contributions for the previous 12 months.

Below is a glimpse into the impact members have made from December 2023 through November 2024:



**Eligible Medical Expenses**  
**\$420,860,266**

This total includes all medical expenses submitted by members that are eligible for sharing among the membership, according to our Guidelines.

**Contributions from Members**  
**\$461,144,825**

This total includes all member contributions for other members' eligible medical expenses (**\$413,808,410** during this time period) and to the office for additional giving and administrative expenses (**\$46,905,927** during this time period).

**Prorated Medical Expenses**  
**\$8,116,080**

This total includes the amount of eligible medical expenses that were not shared in full but instead at a prorated percentage due to more eligible medical bills than member contributions.

**Days to Share**  
**53**

This number represents the average number of days from when a medical bill is initially received in our office to when it is assigned to other members to contribute toward with their monthly Share amount. Due to the nature of once-a-month assignments of eligible bills, our Guidelines state that this timeframe is typically 60-90 days.



ACCREDITED

All numbers were accessed on October 23, 2024.