

Wise Stewardship in Family Healthcare

By Steven Borene

Asking Good Questions, Understanding Costs, & Pursuing Only Necessary Care

The most effectively priced surgery is the surgery avoided.
— Dr. G. Keith Smith

For many families, healthcare is one of the largest and least predictable household expenses. A growing family may carefully budget for groceries, clothing, education, and other needs, only to be surprised by a medical bill that arrives weeks after a procedure. Even families with insurance often discover that deductibles, co-insurance, and unexpected charges create significant financial strain.

As Christians, we recognize that stewardship involves more than simply spending less money. Stewardship includes our finances, our bodies, and the care of our families. Thus, wise healthcare decisions seek both physical well-being and responsible use of resources.

Saving money on healthcare is not about avoiding needed treatment. Rather, it involves asking thoughtful questions, understanding options, and pursuing care that is truly necessary.

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Why Medical Costs Often Surprise Families

Many people assume that the quoted price of a procedure represents the total cost. Unfortunately, healthcare billing is often more complicated. A single procedure may generate charges from multiple providers, including physicians, facilities, anesthesia services, laboratories, imaging departments, and others. Even when insurance or health share ministries cover a portion of the expense, patients may remain responsible for significant out-of-pocket costs.

As a result, the true cost of care is often much higher than families initially expect. Understanding this reality helps parents become better advocates for both their family's health and finances.

Ask Whether Treatment Is Necessary

One of the most effective ways to reduce healthcare spending is also one of the simplest: ask questions. Before agreeing to a surgery, procedure, or test, families should

feel comfortable discussing the recommendation with their physician. Good physicians welcome thoughtful questions and understand that patients want to make informed decisions.

Helpful questions include:

- Is this treatment medically necessary right now?
- What happens if we wait and monitor the condition?
- Are there less invasive alternatives?
- What are the risks and benefits of treatment versus observation?
- Are there lifestyle changes or therapies that could be tried first?
- How likely is this treatment to improve the problem?

Not every surgery can be avoided, nor should it be. Many procedures are life-changing and medically appropriate. However, some interventions may be elective, optional, or delayable while families gather more information. Patients should never feel pressured to consent immediately without understanding the reasons behind a recommendation.

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The Value of Second Opinions

A second opinion can be especially valuable when major surgery or invasive treatment is proposed. In many cases, another physician will confirm the original recommendation, providing reassurance and confidence. In other situations, additional options may emerge that better align with a family's goals, values, and financial circumstances.

One patient was advised to undergo an elective cardiac procedure to treat frequent premature ventricular contractions (PVCs). She was unaware of her condition, had no symptoms, but the finding appeared on a “baseline” EKG that was performed by her primary care provider.



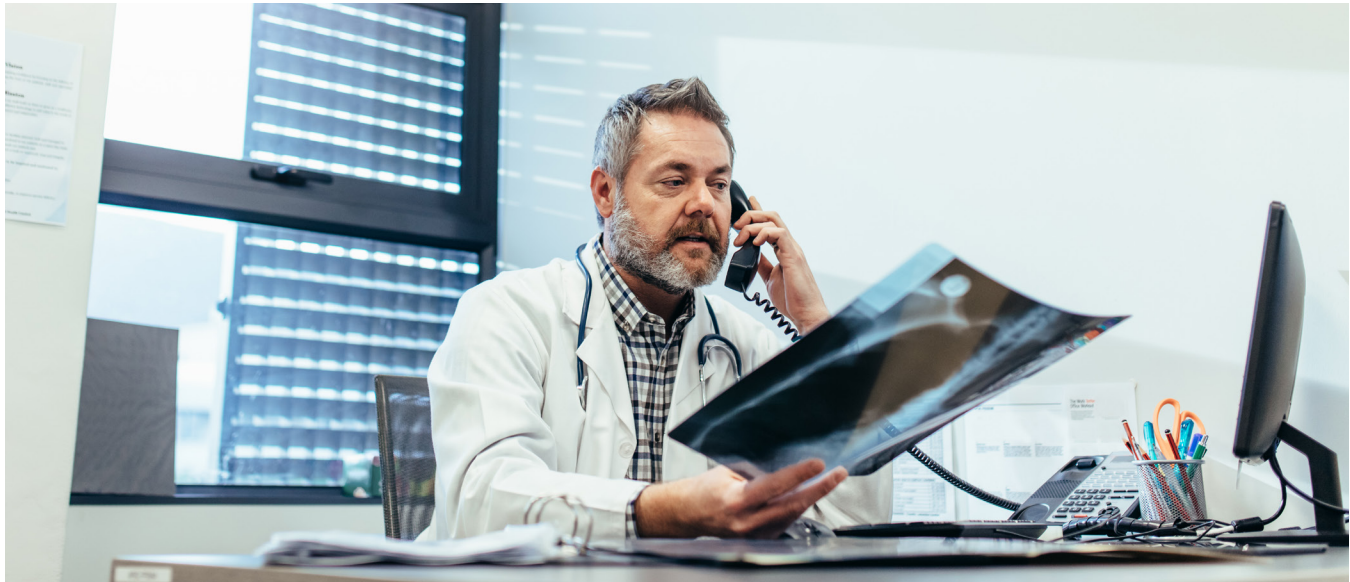
It was determined that her rate of PVCs was near the threshold for treatment. Initial and less invasive therapies were not given time to affect change, and no second opinion was sought. The patient was reassured that the procedure was safe, only required mild sedation, and was less expensive than a lifetime of medication therapy. During the proposed procedure, the patient suffered a complication which required emergency abdominal vascular surgery for repair. After the successful emergency repair surgery, the patient remained hospitalized for more than a week, initially in the intensive care unit. After eventually being discharged home, the patient received a bill of several hundred thousand dollars and suffered from the consequences of major abdominal surgery. Six months after the episode, she presented for reattempt at the cardiac ablation procedure but ultimately declined when a second cardiologist found that treatment was not necessary. Lifestyle modifications had altered her circumstances.

The experience illustrates the importance of understanding risks, seeking additional perspectives, and allowing time for careful decision-making when circumstances permit.

The lesson is to realize that processes will sometimes modulate on their own and don't always require invasive interventions and that there is benefit to being deliberate and receiving second opinions. While every situation is unique, this example serves as a reminder that thoughtful evaluation can sometimes prevent unnecessary interventions and their associated risks.

Understanding Cost & Value

Healthcare decisions should not be based solely on finding the lowest price. The goal is value: receiving appropriate, high-quality care at a reasonable and understandable cost. A lower-priced service that produces poor outcomes is



not a bargain. Likewise, the most expensive option is not automatically the best.

Wise healthcare consumers consider factors such as:

- Physician qualifications and experience
- Safety standards
- Expected outcomes
- Patient experience
- Total cost of treatment
- Transparency of pricing

Considering these factors together often helps families make more balanced decisions.

The Importance of Transparent Pricing

One of the greatest frustrations patients face is uncertainty. Many families do not know what a procedure will cost until weeks after it has been completed.

Transparent pricing allows patients to understand expected costs before treatment begins. This gives families the ability to plan, compare options, and make informed decisions without fear of unexpected bills.

Some providers offer bundled pricing arrangements in which all anticipated services are included in a single quoted price. Rather than receiving separate invoices from multiple providers, patients know beforehand what the procedure is expected to cost.

For families carefully managing household finances, this predictability can be extremely valuable. Instead of worrying about surprise expenses, they can focus their attention on treatment and recovery.

Hospital systems remain essential for emergencies, complex illnesses, and highly specialized care. Yet when circumstances allow, families may benefit from comparing available options and seeking clear information about costs before proceeding.

Making Wise Decisions for Children’s Care

Parents naturally want the very best care for their children. When a child is sick or injured, emotions understandably influence decision-making. Yet stewardship remains important even during stressful situations.

When a recommended treatment is not urgent, parents may benefit from asking:

- Is this treatment necessary now?
- Are there conservative approaches worth trying first?
- What outcomes can reasonably be expected?
- What will the total cost be?
- Are there additional expenses we should anticipate?

Many childhood conditions improve with time, observation, therapy, or less invasive treatment. Others require prompt intervention.

The goal is not to delay necessary care but to ensure that decisions are guided by genuine medical need rather than assumptions or convenience.

Stewardship in Healthcare Decisions

We are called to manage God’s gifts faithfully. Healthcare decisions are deeply personal; they are decisions that affect a family’s ability to provide for present and future needs.

Good stewardship does not mean refusing treatment or delaying necessary care. Rather, it means pursuing care thoughtfully by:

- Seeking treatments that are medically necessary
- Asking questions before consenting to procedures
- Seeking second opinions when appropriate
- Comparing available options
- Understanding expected costs
- Avoiding unnecessary expenses whenever possible

These habits not only protect family finances but also encourage greater confidence in healthcare decisions. Faithfulness is often demonstrated in everyday choices. The way we budget, plan, and care for our families reflects our desire to be honorable with the resources entrusted to us. Healthcare decisions are no exception.

Conclusion

Healthcare will always require difficult decisions, especially for parents caring for growing families. Yet families are not powerless when it comes to managing costs and making informed choices.

“The goal is not to delay necessary care but to ensure that decisions are guided by genuine medical need rather than assumptions or convenience.”

“Wise stewardship and good healthcare are not competing goals.”

By understanding how medical expenses are incurred, asking whether procedures are truly necessary, seeking second opinions when appropriate, and pursuing transparency whenever possible, families can often reduce expenses without sacrificing quality care.

Wise stewardship and good healthcare are not competing goals. In many cases, they go hand in hand. When families pursue necessary care, ask thoughtful questions, and seek clear information, they are better equipped to protect both their health and the resources entrusted to them.

The result is not merely lower medical bills. It is greater peace of mind, better planning, and a more confident approach to caring for the people who matter most. ♥

About the Author

Steven Borene, MD, MHCDS, is co-founder of Renovo Health, a direct specialty and surgery center with two campuses in Wisconsin. He is also a practicing anesthesiologist with over twenty years of experience. He received his medical degree from the University of Minnesota and his Master of Science in Health Care Delivery from the Tuck School of Business at Dartmouth College. Dr. Borene is dedicated to exposing unethical practices in modern healthcare and finding everyday solutions that encourage transparency and fairness. He and his wife, Kristine, have three adult children and have lived in Wisconsin for the past twenty years.



Q & A

Q: *Do you have any tips for dealing with third party billing companies? In our experience, the provider will accept upfront payment, but we will still get bills from the out-of-state billing company. This leads to frustrating time spent on the phone trying to decide if a bill is legitimate. Is there anything we could or should do to avoid this?*

—Anonymous from TX

Dr. Steven Answers: Unexpected medical bills are one of the most common sources of frustration for patients. Even when a procedure seems straightforward and payment has already been made, additional bills may arrive weeks or months later from providers or billing companies the patient never knew were involved. The good news is that a few simple steps before and after treatment can dramatically reduce the risk of surprise charges and billing confusion.

UNDERSTAND WHO MAY BILL YOU

Many patients ask about the physician’s fee but never inquire about the other parties involved in their care. Depending on the procedure, multiple entities may generate separate bills, including:

- Anesthesia providers
- Pathology services
- Radiology providers
- Laboratory services
- Surgical or treatment facilities

Before treatment, consider asking:

- “Will I receive bills from anyone other than your office?”
- “Are anesthesia, pathology, radiology, laboratory, and facility fees included?”
- “Can you provide a list of every entity that may bill me?”
- “Who handles your billing?”
- “Will any third-party billing companies contact me?”

These questions can help identify potential charges before they become unpleasant surprises.

GET EVERYTHING IN WRITING

Verbal assurances can easily be forgotten, misunderstood, or difficult to verify later.

Whenever possible, request:

- A written estimate
- A written bundled-price agreement

- A receipt showing payment in full
- A written statement indicating whether additional charges are anticipated

If a provider advertises “all-inclusive pricing,” ask for documentation that specifically confirms what is included. Written records can provide valuable protection if billing disputes arise later.

ASK ABOUT THIRD-PARTY BILLING COMPANIES

Another source of confusion occurs when bills arrive from unfamiliar companies that appear to have no connection to the physician or facility where treatment was received.

Before the procedure, ask: “What company should I expect correspondence from?”

Many legitimate bills are mistakenly ignored because they come from an unfamiliar out-of-state billing service. Knowing the billing company’s name in advance can eliminate much of the uncertainty and help patients distinguish legitimate bills from potential scams.

NEVER PAY A SURPRISE BILL IMMEDIATELY

When an unexpected bill arrives, take time to verify its accuracy before making payment.

Review:

- The date of service
- The provider’s name
- The amount being charged
- Whether the charge matches your original estimate

Then contact the provider’s office directly using a phone number you independently locate—**not the number listed on the bill.**

This simple verification process often uncovers billing errors, duplicate charges, or misunderstandings before money changes hands.

REQUEST AN ITEMIZED BILL

Many billing companies send only a summary statement showing the amount due.

Instead, ask: “Please send me a fully itemized bill showing every charge.”

Itemized statements make it significantly easier to identify errors, duplicate charges, or services that may not have been provided.

IF PAYING CASH, REQUEST A “PAID IN FULL” LETTER

For self-pay patients, this may be one of the most important protective measures.

After making payment, ask: “Can you provide a written statement that my account is paid in full and that no additional charges are anticipated?”

While such a statement may not eliminate every possible future bill, it provides substantial leverage if unexpected charges appear later.