**Examining the Extent of Balance billing in the Ghanaian National Health Insurance.**

*Background:* The Ghanaian National Health Insurance Scheme (NHIS) was established in 2003 to relieve residents of the overburdened healthcare user fee, locally known as Cash and Carry, by offering social health insurance service. Since its establishment, the NHIS has provided financial protection to its members by offering healthcare in more than three thousand accredited health facilities. Under the NHIS, members make no co-payment for services covered implying that providers cannot charge beyond the fee paid by the National Health Insurance Authority (NHIA) for covered services, hence balance billing is illegal. Balance billing refers to a provider charging an insured patient above what he or she is obliged to pay and what the insurance is also obliged to pay. Since NHIS members are not supposed to make co-payment at the point of service, and the NHIS is supposed to pay the provider directly, any payment made by insured patients for covered services is a form of balance billing. Even if consumers are balance billed, by a small percentage of the fee it could constitute catastrophic healthcare expenditure depending to consumers’ ability to pay. There have been anecdotes of NHIS providers engaging in balance billing but no formal research has been done to examine it.

*Objective:* The purpose of this study is to verify the existence of balance billing, the extent to which it imposes catastrophic healthcare expenditure on members, and members’ response to being balance billed.

*Methods*: the study used data were collected from Kumasi and Accra, the two largest cities in the country, with a sample size of 500 per city, 300 insured and 200 uninsured, using convenience sampling. Catastrophic expenditure was computed. In addition, regressions were run to examine the extent of balance billing and the response of the insured to being balance billed.

*Results*: The results showed that balance billing is practised extensively, more in Kumasi than Accra, causing catastrophic expenditure to the insured. Providers were not likely to admit to engaging in balance billing. The insured were mostly unaware that they were being balance billed. Those who knew were not likely to report to the NHIS.

*Conclusion*: Balance billing needs to be addressed if the NHIS is to be the channel to the achievement of universal health coverage.