

EDITOR'S PICK

Mayo treated his cancer, but insurance denied coverage, leaving him with \$76K in medical bills

St. Paul resident says no one told him Medica had a network barrier that would make his care so expensive.

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The Minnesota Star Tribune

MAY 3, 2026 AT 5:00AM



Leif Hembre with his dog Sunny in St. Paul on April 27. Hembre successfully underwent cancer treatment last summer, kicking off an eight-month ordeal over how to pay for the \$76,000 in care. (Richard Tsong-Taatarii/The Minnesota Star Tribune)

Before undergoing treatment for prostate cancer last summer, Leif Hembre says he was careful to avoid huge bills by checking that Mayo Clinic was in his Medica health

insurance network.

The St. Paul resident went ahead with a procedure after hearing there was no network barrier, and he's been reassured ever since by his good prognosis.

But within a few months of treatment, Hembre's insurer started sending him checks in addition to paper statements saying "this is not a bill." The puzzling turn prompted troubling questions about his health coverage.

It turned out Mayo had been out-of-network, Medica said, and the Rochester health care provider eventually said Hembre owed more than \$76,000 because his insurer was refusing to pay all costs. The clinic held off trying to collect, but Hembre found himself more worried about the debt hanging over him than his physical health.

His story illustrates a sentiment that's all too common among cancer patients: Paying for oncology care can sometimes be more stressful than cancer itself.

"This shouldn't be the way it works," Hembre said.

It started with a test

It all began with an annual physical in April 2025, when Hembre's primary care doctor screened the 55-year-old for prostate cancer.

The test result was worrisome, so the physician referred Hembre to a specialist who found cancer after a biopsy.

During a follow-up visit at the Allina Health Cancer Institute, Dr. Zachary Wilson recommended Hembre undergo a treatment called "high-dose rate brachytherapy," in which doctors implant a radiation source for a few minutes in the prostate.

Wilson said his clinic didn't provide the cancer-killing treatment, so he recommended that Hembre seek care at Mayo.

In July, Hembre called Medica and was told the clinic was in-network. Mayo confirmed its network status, Hembre said, and scheduled an appointment for August. Immediately after that initial visit, Mayo scheduled treatments for Aug. 21 and 28.

The next step was surprising. Mayo called Hembre asking to get a referral from his primary doctor, even though he previously understood that a referral wasn't necessary.

No one indicated it was a problem. The primary care physician at Allina said his staff would send the referral shortly, and Mayo confirmed its receipt, Hembre said.

During an interview this spring, he pointed to a stack of medical paperwork and said: “Nothing in there says: ‘You can go to Mayo, but you might have to pay over and above.’ Nobody ever said anything about being careful about that.”

Checks in the mail

Once the health battle was over, the billing fight began.

In September, Hembre received a check for \$82 from Medica with instructions to deposit it promptly. The accompanying documentation said nothing about using the money to pay Mayo.

A second unexpected check for \$613 soon followed. Both came with “explanation of benefit” forms that itemized various claims and indicated he owed Mayo money.

Initially, this wasn’t alarming because the checks and amounts owed weren’t big. Hembre said he’d run into this sort of thing previously, where the back-and-forth with insurance doesn’t make immediate sense but works out over time.

He grew worried as the amount owed to Mayo got bigger and more checks arrived – six overall, worth a combined \$17,278.

Why wasn’t the insurer paying the clinic directly? And why was he being asked to pay so much?

Hembre started making calls. At one point, he received a written message from Mayo with references to “the balance being allowed to your patient liability.” It added that “some plan[s] do allow for retro-referrals,” and “Medica will be able to assist.”

His health plan was supposed to limit his out-of-pocket costs to \$5,000 for in-network care and \$10,000 for out-of-network.

Yet Mayo was telling him his balance due was \$28,683.

More and more money

Stunned by that sum, plus a clinic message saying more claims were pending, Hembre started sending payments to Mayo matching the sums on the Medica checks. He also kept

calling the clinic and Medica, as well as Allina's cancer institute, where Dr. Wilson wrote a letter confirming his Mayo recommendation.

Yet Medica sent a letter in November, months after the surgery, saying it was denying coverage because the clinic was out-of-network.

The letter was upsetting, Hembre said, and perplexing.

He underwent treatment in August, yet Medica issued a denial for services provided between Oct. 14, 2025, and Oct. 13, 2026.

The denial also said there were other radiation oncology specialists within a reasonable distance from Hembre's home who could have provided treatment – something Hembre was not told back in July.

By early December, Mayo said the balance due had grown to \$76,423. Hembre filed an appeal, but Medica denied it, saying coverage for out-of-network services is only considered when in-network care isn't available.

Earlier this year, Hembre hired an attorney in hopes of resolving the situation. Then he contacted the Minnesota Star Tribune.

“What I can't stand about it is, I'm a pretty organized person and I can understand logic and rules,” Hembre said in a March interview. “It's so frustrating when you think you did everything by the book. I was only trying to follow through with what would be the best care and procedure to have done.”

A reporter sent questions to Medica and Mayo on April 9. Within two days, Hembre got a call from his health insurer saying he would owe nothing.

He heard from a Medica employee that the insurer had reviewed a recorded phone call from July and found Hembre was wrongly told Mayo was in-network.

‘So many questions’

Bill Foley, a patient advocate with Oakdale-based Cancer Legal Care, said he's run into a few other cases where insurers give patients incorrect network information. He fears that many call center workers are overworked and undertrained.

It's hard to know what patients should do to prevent such confusion, Foley said, beyond taking screenshots of online network directories and asking insurers for phone call recordings. Going to such lengths seems a little like "wearing both belts and suspenders," he said.

Foley called it "very unusual" for a prominent health insurer to send reimbursement checks to patients after they are treated by a large health care provider like Mayo. Another oddity, he said, is that Medica's denial letter suggested the insurer was providing out-of-network benefits, yet it didn't cap Hembre's financial exposure at \$10,000.

The final surprise: Mayo didn't flag the network issue before providing treatment, even though the clinic is out-of-network with a number of health insurers.

"They don't want to be chasing down a patient for \$76,000, so they're usually very careful to check insurance on the front end," Foley said. "How did Mayo miss this? ... There are so many questions."

Mayo Clinic did not discuss specifics of Hembre's case in a statement to the Star Tribune.

"Mayo Clinic works with insurance companies and other payers to advocate for patients who may benefit from treatment at Mayo Clinic," it said. "Mayo Clinic does not have authority over insurance coverage decisions."

Medica provided a statement but did not respond to questions.

"As soon as we became aware of the issue on Mr. Hembre's account, we acted quickly to resolve it, making sure that every outstanding claim will be paid in full," the insurer said in its April 13 statement. "Mr. Hembre will be fully reimbursed for any out-of-pocket costs he paid to Mayo."

Hembre wonders why Medica didn't go back and check its recording of the July phone call sooner.

He also wishes there had been better communication among all the parties. He would have considered seeking treatment elsewhere had he known beforehand that going to Mayo would leave him owing more than \$70,000.

"I feel like, at last, there's justice," Hembre said. "But I can't go back in time and undo all the stress."