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Design Challenge

A Bill You Can Understand

Dear Design Challengers,

Thank you so much for this opportunity. To address the challenge, we took our personal experience with disabilities, and/or caring for those with disabilities, to inform our design.

1. Addressing low vision problems, we used very high-contrast areas of design. It was not enough to use color alone as a distinguishing feature, as this would have created a hardship for those that are color-blind.
2. Addressing the cognitive problems that are sometimes associated with old age, or brought on by medications, we repeated important content throughout the bill in different formats. In our example, you will see, for example, the account number referenced several times in the bill.
3. We used design tricks to call attention to important components of the bill. For example, “good” design mandates a cohesive use of type-faces for harmonious integration. We purposely went against the grain of “good” design – just a little bit – to present a very slight sense of something being “off” with certain areas of the bill. By doing this, we intentionally call attention to the important parts of the bill, because the mind unconsciously tries to figure out what is different.
4. We used an actual image of the hospital visited by the patient to aid memory, and add a sense of comfort to understanding that this bill was an official one.
5. We added “human” images to make the bill more humane, and invite inspection.
6. We used very graphic blocks to represent procedures. When one is ill, and unable to comprehend multiple lines of text, a simple graphic showing “how many times” there were office visits, or “how many items” were purchased, gives a quick overview of how much has happened without having to read the text. When one is weak, it is easier to perceive icons and images than it is text.
7. We made a strong point to include caregiver information. It is the care givers who often have to take care of the bills. The care givers will be able to see the charges listed individually, as they relate to the graphic representations above.
8. We made a point to tell the patient that payment plans are available. I definitely remember getting bills for my mother and having great concerns about having to pay the bill all at once.
9. We included medications, and very importantly, who prescribed them.
10. When items needed to be listed out, we kept to the same format, so that one would not have to “relearn” the bills for hospital visits, say, versus the bill for medications. One table format, used to tell what, when, who, and how much it costs for all aspects of medical service.

11. Contact information is very critical, and we made a point to put it at least two different places on the bill, but in different design formats. The first instance is actually on the side of the first page. One actually has to turn the bill on its side to see the information. This was done because there have been studies that show that seeing from a different perspective, where effectively, all the other information “noise” is no longer coherent, actually enables better comprehension! It looks like just a fancy design, but there was method to the madness. The second instance of contact information is done in the very traditional manner, complete with pictures, at the end of the bill.

Again, we want to thank you for consideration of our design, and especially, we wanted to thank you for doing this. It matters greatly, to many people.

Warm regards,

Robert Beasey and Sharon Austin