KATHLEEN McNALLY knows a thing or two about bad credit. She is vice president for financial literacy at the National Foundation for Credit Counseling, an association of 1,500 agencies that help people with financial problems.

But even she was taken aback when a second notice from her family doctor was a letter threatening to turn over her bill to a collection agency. She would have paid the first bill, she said, but decided to wait because there was confusion over whether her insurance company had yet paid its portion. After she learned that she was responsible for the amount, she said, “I paid that bill very night.”

At the quintessential old days — say, five years ago — when one person in the doctor’s office peeked out a handful of notices a day, an unpaid bill was handled a bit more delicately. There were phone calls and there was gentle hectoring, much of it directed at the insurance companies. But doctors, hospitals, laboratories and other providers are taking tougher approaches to seeing that bills are paid. Tired of waiting for insurance companies to cough up and angry that their office workers have taken on piles of bill-collecting paperwork, many of them are now turning to collection agencies.

“Without a doubt, an increasing amount of claims from providers are going to collections,” said Robert Perez, senior vice president of RevCare, which manages health care claims. His company, in Cypress, Calif., tends to go after insurance companies. Mr. Perez estimates that 20 to 30 percent of his business is “insurance follow-up”; five years ago, it was closer to 10 percent. But many agencies, he added, are also leaning increasingly on patients.

“Ten years ago, these claims never came up,” Mr. Perez said. “But now, with managed-care companies using every excuse to delay the adjudication, there is frustration.” Companies like his also take the paperwork load off of doctors’ clerical workers, he said. “Providers figure they need to concentrate their people because they are not staffed to work 10,000 claims per month,” he said.

The American Collectors Association says that far more health care providers are turning over their accounts to agencies 30 to 80 days after a missed payment, instead of the customary 150 to 210 days.

Often, the notices go to patients, and their credit can be tainted in the process.

Unlike car payments, health care claims are rarely straightforward. Medical providers and insurance companies argue over coding and other technicalities that can hold up payments for months. Hospitals lose payment records. Laboratories do not have insurance information on file. Patients and their insurers disagree about what services are allowed, and haggle for months while the collection agencies sweep down. And, yes, patients sometimes feel a moral right to ignore bills that they feel their insurance company should have picked up, even when it is clear that the company will not.

of stories of this sort: A woman had a Caesarean section and cannot understand why her insurance company finds anesthesia optional for the procedure. While she argues, she watches the notices pile up.

Some states have laws regulating how long insurance companies must wait before making a payment; others protect consumers from having their credit reports tainted by unpaid medical bills.

New York State, for instance, has the “prompt pay law,” which requires insurance companies to pay undisputed claims within 45 days. Since the law was signed in 1997, the state Department of Insurance has fined 30 insurance companies a total of almost $1 million for failing to comply.

California requires insurers to pay interest on late payments. “Prompt payment laws are becoming more prevalent,” said Allen Brinkin, a health care lawyer at Davis Wright Tremaine in San Francisco.

HERE is the advice of the professionals like Ms. McNally. Understand what your health plan covers before you go into the hospital; this should prevent unpleasant surprises. If you are fighting a claim with an insurance company, let your doctor’s know immediately, so they will not submit your bill to an agency. Answer letters from collection agencies promptly with phone calls and letters that will go on file as contested, and do the same with any tainted credit report. In New York and most other states doctors are not permitted to bill a patient if the H.M.O. does not pay up.

And check your credit report annually. Credit counseling services like the Incharge Institute can advise you how (www.incharge.org). “There is a tendency with doctors to sell their debts quicker as they look at short-term bottom lines,” said Tim Rafii, vice president of Incharge. “But this can damage consumers’ credit reports. Sometimes they are unaware because they are not monitoring.