

By Representative C. Green

1                                   A bill to be entitled  
 2           An act relating to personal injury protection  
 3           insurance claims; amending s. 627.736, F.S.;  
 4           increasing the allowable time for a provider to  
 5           file a claim with an insurer; deleting an  
 6           exception authorizing inclusion of certain  
 7           charges in a billing statement; requiring a  
 8           statement of charges within a time certain  
 9           under certain circumstances; limiting insurer  
 10          liability for payment of certain charges under  
 11          certain circumstances; providing requirements;  
 12          revising a billing statement notice  
 13          requirement; providing an effective date.

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 15 Be It Enacted by the Legislature of the State of Florida:

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 17           Section 1. Paragraph (b) of subsection (5) of section  
 18   627.736, Florida Statutes, is amended to read:

19           627.736 Required personal injury protection benefits;  
 20   exclusions; priority.--

21           (5) CHARGES FOR TREATMENT OF INJURED PERSONS.--

22           (b) With respect to any treatment or service, other  
 23   than medical services billed by a hospital for services  
 24   rendered at a hospital-owned facility, the statement of  
 25   charges must be furnished to the insurer by the provider and  
 26   may not include, and the insurer is not required to pay,  
 27   charges for treatment or services rendered more than 60 ~~30~~  
 28   days before the postmark date of the statement, except for  
 29   past due amounts previously billed on a timely basis under  
 30   this paragraph, ~~and except that, if the provider submits to~~  
 31   ~~the insurer a notice of initiation of treatment within 21 days~~

1 ~~after its first examination or treatment of the claimant, the~~  
2 ~~statement may include charges for treatment or services~~  
3 ~~rendered up to, but not more than, 60 days before the postmark~~  
4 ~~date of the statement.~~ The injured party is not liable for,  
5 and the provider shall not bill the injured party for, charges  
6 that are unpaid because of the provider's failure to comply  
7 with this paragraph. However, if the insured fails to furnish  
8 the provider with the correct name and address of the  
9 insured's personal injury protection insurer, the provider has  
10 35 days from the date the provider obtains the correct  
11 information to furnish the insurer with a statement of  
12 charges. The insurer is not required to pay such charges  
13 unless the provider includes with the statement documentary  
14 evidence that was provided by the insured during the 35-day  
15 period demonstrating that the provider reasonably relied on  
16 erroneous information from the insured and a denial letter  
17 from the incorrect insurer or proof of mailing reflecting  
18 timely mailing to the correct address or insurer and provides  
19 a copy of the statement of charges to the Department of  
20 Insurance. Any agreement requiring the injured person or  
21 insured to pay for such charges is unenforceable. For  
22 emergency services and care as defined in s. 395.002 rendered  
23 in a hospital emergency department or for transport and  
24 treatment rendered by an ambulance provider licensed pursuant  
25 to part III of chapter 401, the provider is not required to  
26 furnish the statement of charges within the time periods  
27 established by this paragraph; and the insurer shall not be  
28 considered to have been furnished with notice of the amount of  
29 covered loss for purposes of paragraph (4)(b) until it  
30 receives a statement complying with paragraph (5)(d), or copy  
31 thereof, which specifically identifies the place of service to

1 be a hospital emergency department or an ambulance in  
2 accordance with billing standards recognized by the Health  
3 Care Finance Administration. Each notice of insured's rights  
4 under s. 627.7401 must include the following statement in type  
5 no smaller than 12 points:

6 BILLING REQUIREMENTS.--Florida Statutes provide  
7 that with respect to any treatment or services,  
8 other than certain hospital and emergency  
9 services, the statement of charges furnished to  
10 the insurer by the provider may not include,  
11 and the insurer and the injured party are not  
12 required to pay, charges for treatment or  
13 services rendered more than 60 ~~30~~ days before  
14 the postmark date of the statement, except for  
15 past due amounts previously billed on a timely  
16 basis, ~~and except that, if the provider submits~~  
17 ~~to the insurer a notice of initiation of~~  
18 ~~treatment within 21 days after its first~~  
19 ~~examination or treatment of the claimant, the~~  
20 ~~statement may include charges for treatment or~~  
21 ~~services rendered up to, but not more than, 60~~  
22 ~~days before the postmark date of the statement.~~

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24 Section 2. This act shall take effect October 1, 2000.  
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HOUSE SUMMARY

Increases from 30 to 60 days the allowable time a provider has to submit an insurance claim to an insurer. Deletes an authorization to include charges for examination or treatment in a billing statement after timely notice to the insurer. Provides a provider with 35 days in which to furnish an insurer with a statement of charges if an insured fails to provide the provider with correct insurer information. Limits the insurer's liability to pay such charges if the provider fails to furnish the insurer with specified information and provide the Department of Insurance with a copy of the statement of charges.