

By Senator Geller

29-421-00

See HB 241

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; providing an  
6           effective date.

7  
8 Be It Enacted by the Legislature of the State of Florida:

9  
10           Section 1. Paragraph (b) of subsection (5) of section  
11 627.736, Florida Statutes, is amended to read:

12           627.736 Required personal injury protection benefits;  
13 exclusions; priority.--

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

15           (b) With respect to any treatment or service, other  
16 than medical services billed by a hospital for services  
17 rendered at a hospital-owned facility, the statement of  
18 charges must be furnished to the insurer by the provider and  
19 may not include, and the insurer is not required to pay,  
20 charges for treatment or services rendered more than 60 ~~30~~  
21 days before the postmark date of the statement, except for  
22 past due amounts previously billed on a timely basis under  
23 this paragraph, and except that, if the provider submits to  
24 the insurer a notice of initiation of treatment within 21 days  
25 after its first examination or treatment of the claimant, the  
26 statement may include charges for treatment or services  
27 rendered up to, but not more than, 60 days before the postmark  
28 date of the statement. The injured party is not liable for,  
29 and the provider shall not bill the injured party for, charges  
30 that are unpaid because of the provider's failure to comply  
31 with this paragraph. Any agreement requiring the injured

1 person or insured to pay for such charges is unenforceable.  
2 For emergency services and care as defined in s. 395.002  
3 rendered in a hospital emergency department or for transport  
4 and treatment rendered by an ambulance provider licensed  
5 pursuant to part III of chapter 401, the provider is not  
6 required to furnish the statement of charges within the time  
7 periods established by this paragraph; and the insurer shall  
8 not be considered to have been furnished with notice of the  
9 amount of covered loss for purposes of paragraph (4)(b) until  
10 it receives a statement complying with paragraph (5)(d), or  
11 copy thereof, which specifically identifies the place of  
12 service to be a hospital emergency department or an ambulance  
13 in accordance with billing standards recognized by the Health  
14 Care Finance Administration. Each notice of insured's rights  
15 under s. 627.7401 must include the following statement in type  
16 no smaller than 12 points:

17 BILLING REQUIREMENTS.--Florida Statutes provide  
18 that with respect to any treatment or services,  
19 other than certain hospital and emergency  
20 services, the statement of charges furnished to  
21 the insurer by the provider may not include,  
22 and the insurer and the injured party are not  
23 required to pay, charges for treatment or  
24 services rendered more than 60 ~~30~~ days before  
25 the postmark date of the statement, except for  
26 past due amounts previously billed on a timely  
27 basis, and except that, if the provider submits  
28 to the insurer a notice of initiation of  
29 treatment within 21 days after its first  
30 examination or treatment of the claimant, the  
31 statement may include charges for treatment or

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31

services rendered up to, but not more than, 60 days before the postmark date of the statement.

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

\*\*\*\*\*

HOUSE SUMMARY

Increases from 30 to 60 days the allowable time a provider has to submit an insurance claim to an insurer.