

By the Committee on Banking and Insurance; and Senator Geller

311-1707-00

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A bill to be entitled
An act relating to personal injury protection
insurance claims; amending s. 627.736, F.S.;
increasing the allowable time for a provider to
file a claim with an insurer; providing an
effective date.

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

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

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

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

(b) With respect to any treatment or service, other
than medical services billed by a hospital for services
rendered at a hospital-owned facility, the statement of
charges must be furnished to the insurer by the provider and
may not include, and the insurer is not required to pay,
charges for treatment or services rendered more than 60 ~~30~~
days before the postmark date of the statement, except for
past due amounts previously billed on a timely basis under
this paragraph. However, if the insured fails to furnish the
provider with the correct name and address of the insured's
personal injury protection insurer, the provider has 35 days
from the date the provider obtains the correct information to
furnish the insurer with a statement of charges. The insurer
is not required to pay such charges unless the provider
includes with the statement documentary evidence that was
provided by the insured during the 60-day period demonstrating
that the provider reasonably relied on erroneous information

1 from the insured; includes either a denial letter from the
2 incorrect insurer or proof of mailing reflecting timely
3 mailing to the incorrect address or insurer; and provides a
4 copy of the statement of charges to the Department of
5 Insurance., and ~~except that, if the provider submits to the~~
6 ~~insurer a notice of initiation of treatment within 21 days~~
7 ~~after its first examination or treatment of the claimant, the~~
8 ~~statement may include charges for treatment or services~~
9 ~~rendered up to, but not more than, 60 days before the postmark~~
10 ~~date of the statement.~~The injured party is not liable for,
11 and the provider shall not bill the injured party for, charges
12 that are unpaid because of the provider's failure to comply
13 with this paragraph. Any agreement requiring the injured
14 person or insured to pay for such charges is unenforceable.
15 For emergency services and care as defined in s. 395.002
16 rendered in a hospital emergency department or for transport
17 and treatment rendered by an ambulance provider licensed
18 pursuant to part III of chapter 401, the provider is not
19 required to furnish the statement of charges within the time
20 periods established by this paragraph; and the insurer shall
21 not be considered to have been furnished with notice of the
22 amount of covered loss for purposes of paragraph (4)(b) until
23 it receives a statement complying with paragraph (5)(d), or
24 copy thereof, which specifically identifies the place of
25 service to be a hospital emergency department or an ambulance
26 in accordance with billing standards recognized by the Health
27 Care Finance Administration. Each notice of insured's rights
28 under s. 627.7401 must include the following statement in type
29 no smaller than 12 points:

30 BILLING REQUIREMENTS.--Florida Statutes provide
31 that with respect to any treatment or services,

1 other than certain hospital and emergency
2 services, the statement of charges furnished to
3 the insurer by the provider may not include,
4 and the insurer and the injured party are not
5 required to pay, charges for treatment or
6 services rendered more than 60 ~~30~~ days before
7 the postmark date of the statement, except for
8 past due amounts previously billed on a timely
9 basis, ~~and except that, if the provider submits~~
10 ~~to the insurer a notice of initiation of~~
11 ~~treatment within 21 days after its first~~
12 ~~examination or treatment of the claimant, the~~
13 ~~statement may include charges for treatment or~~
14 ~~services rendered up to, but not more than, 60~~
15 ~~days before the postmark date of the statement.~~
16 Section 2. This act shall take effect October 1, 2000.

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18 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
19 COMMITTEE SUBSTITUTE FOR
20 Senate Bill 426

- 21 1. Provides that if the PIP insured fails to furnish the
22 provider with the correct name and address of the
23 insured's PIP insurer, the provider has 35 days from the
24 date the provider obtains the correct information to
25 furnish the insurer with a statement of charges.
26 Provides that the insurance company is not required to
27 pay such charges unless the provider submits specified
28 documentary evidence.
- 29 2. Deletes the provision under current law allowing
30 providers to submit bills within 60 days of the service
31 date if they provide notice to the insurer within 21
days of first treatment.