By Representatives Harrell, Melvin, Romeo, Sobel, Littlefield, Negron, Kallinger, Fiorentino and Murman

A bill to be entitled

An act relating to insurance; amending s.
627.736, F.S.; modifying time period for
providers of certain medical services under
personal injury protection coverage to provide
an insurer with a statement of charges;
providing an effective date.

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

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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; claims.--

- (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 submitted rendered more than 60 30 days after the provider first becomes aware that the patient has personal injury protection coverage or files for personal injury protection as secondary coverage to other insurance before the postmark date of the statement, except for past due amounts previously billed on a timely basis under this paragraph, and except that, if the provider submits to the insurer a notice of initiation of treatment within 21 days after its first examination or treatment of the claimant, the statement may include charges for treatment or services rendered up to, but not more than, 60 days before the postmark

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30 31 date of the statement. The injured party is not liable for, and the provider shall not bill the injured party for, charges that are unpaid because of the provider's failure to comply with this paragraph. Any agreement requiring the injured person or insured to pay for such charges is unenforceable. For emergency services and care as defined in s. 395.002 rendered in a hospital emergency department or for transport and treatment rendered by an ambulance provider licensed pursuant to part III of chapter 401, the provider is not required to furnish the statement of charges within the time periods established by this paragraph; and the insurer shall not be considered to have been furnished with notice of the amount of covered loss for purposes of paragraph (4)(b) until it receives a statement complying with paragraph (5)(d), or copy thereof, which specifically identifies the place of service to be a hospital emergency department or an ambulance in accordance with billing standards recognized by the Health Care Finance Administration. Each notice of insured's rights under s. 627.7401 must include the following statement in type no smaller than 12 points:

BILLING REQUIREMENTS.--Florida Statutes provide that with respect to any treatment or services, other than certain hospital and emergency services, the statement of charges furnished to the insurer by the provider may not include, and the insurer and the injured party are not required to pay, charges for treatment or services submitted rendered more than 60 30 days after the provider first becomes aware that the patient has personal injury protection coverage or files for personal injury

protection as secondary coverage to other insurance before the postmark date of the statement, except for past due amounts previously billed on a timely basis, and except that, if the provider submits to the insurer a notice of initiation of treatment within 21 days after its first examination or treatment of the claimant, the statement may include charges for treatment or services rendered up to, but not more than, 60 days before the postmark date of the statement. Section 2. This act shall take effect upon becoming a law. ********* SENATE SUMMARY Provides that a provider of medical services under personal injury protection coverage, other than medical services provided by a hospital or hospital-owned facility, must submit a statement of services to the insurer not more than 60 days after the provider first becomes aware that the patient has personal injury protection coverage or files for personal injury protection as secondary coverage to other insurance. Requires that such information be included in a notice of insured's rights under s. 627.7401, F.S.