

By Senator Sullivan

22-495-01

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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.

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; 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~~

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

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

1 protection as secondary coverage to other
 2 insurance before the postmark date of the
 3 statement, except for past due amounts
 4 previously billed on a timely basis, ~~and except~~
 5 that, if the provider submits to the insurer a
 6 notice of initiation of treatment within 21
 7 days after its first examination or treatment
 8 of the claimant, the statement may include
 9 charges for treatment or services rendered up
 10 to, but not more than, 60 days before the
 11 postmark date of the statement.

12 Section 2. This act shall take effect upon becoming a
 13 law.

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16 SENATE SUMMARY

17 Provides that a provider of medical services under
 18 personal injury protection coverage, other than medical
 19 services provided by a hospital or hospital-owned
 20 facility, must submit a statement of services to the
 21 insurer not more than 60 days after the provider first
 22 becomes aware that the patient has personal injury
 23 protection coverage or files for personal injury
 24 protection as secondary coverage to other insurance.
 25 Requires that such information be included in a notice of
 26 insured's rights under s. 627.7401, F.S.