Florida Senate - 2004

CS for SB 1094

 $\mathbf{B}\mathbf{y}$ the Committee on Banking and Insurance; and Senator Campbell

311-1316-04 A bill to be entitled 1 2 An act relating to motor vehicle insurance 3 costs; amending s. 627.732, F.S.; defining the 4 terms "biometrics" and "biometric time date 5 technology"; amending s. 627.736, F.S.; 6 providing a presumption and revising a 7 procedure with respect to the use of biometric time date technology under personal injury 8 9 protection benefits; providing an effective date. 10 11 12 Be It Enacted by the Legislature of the State of Florida: 13 Section 1. Subsections (16) and (17) are added to 14 section 627.732, Florida Statutes, to read: 15 627.732 Definitions.--As used in ss. 627.730-627.7405, 16 17 the term: 18 (16)"Biometrics" means a computer-based biological 19 imprint. (17) 20 "Biometric time date technology" means technology that uses biometric imprints to document the exact date and 21 22 time a biological imprint was made or recognized. Section 2. Paragraphs (a) and (e) of subsection (5) of 23 section 627.736, Florida Statutes, are amended to read: 24 25 627.736 Required personal injury protection benefits; 26 exclusions; priority; claims.--27 (5) CHARGES FOR TREATMENT OF INJURED PERSONS. --2.8 Any physician, hospital, clinic, or other person (a) or institution lawfully rendering treatment to an injured 29 30 person for a bodily injury covered by personal injury 31 protection insurance may charge the insurer and injured party 1

Florida Senate - 2004 311-1316-04

1 only a reasonable amount pursuant to this section for the services and supplies rendered, and the insurer providing such 2 3 coverage may pay for such charges directly to such person or institution lawfully rendering such treatment, if the insured 4 5 receiving such treatment or his or her guardian has 6 countersigned the properly completed invoice, bill, or claim 7 form approved by the office upon which such charges are to be paid for as having actually been rendered, to the best 8 9 knowledge of the insured or his or her guardian. In no event, 10 however, may such a charge be in excess of the amount the 11 person or institution customarily charges for like services or supplies. With respect to a determination of whether a charge 12 for a particular service, treatment, or otherwise is 13 reasonable, consideration may be given to evidence of usual 14 and customary charges and payments accepted by the provider 15 involved in the dispute, and reimbursement levels in the 16 17 community and various federal and state medical fee schedules applicable to automobile and other insurance coverages, and 18 19 other information relevant to the reasonableness of the 20 reimbursement for the service, treatment, or supply. It shall be presumed that the insured was present in the provider's 21 22 office for the time the billed services were rendered if the provider uses biometric time date technology that verified 23 24 that fact. (e)1. At the initial treatment or service provided, 25

26 each physician, other licensed professional, clinic, or other 27 medical institution providing medical services upon which a 28 claim for personal injury protection benefits is based shall 29 require an insured person, or his or her guardian, to execute 30 a disclosure and acknowledgment form, which reflects at a 31 minimum that:

2

1 The insured, or his or her guardian, must a. 2 countersign the form attesting to the fact that the services 3 set forth therein were actually rendered; 4 b. The insured, or his or her guardian, has both the 5 right and affirmative duty to confirm that the services were б actually rendered; 7 The insured, or his or her guardian, was not c. 8 solicited by any person to seek any services from the medical 9 provider; 10 d. That the physician, other licensed professional, 11 clinic, or other medical institution rendering services for which payment is being claimed explained the services to the 12 insured or his or her quardian; and 13 If the insured notifies the insurer in writing of a 14 e. 15 billing error, the insured may be entitled to a certain percentage of a reduction in the amounts paid by the insured's 16 17 motor vehicle insurer. The physician, other licensed professional, clinic, 18 2. 19 or other medical institution rendering services for which 20 payment is being claimed has the affirmative duty to explain the services rendered to the insured, or his or her guardian, 21 so that the insured, or his or her guardian, countersigns the 22 form with informed consent. 23 24 3. Countersignature by the insured, or his or her guardian, is not required for the reading of diagnostic tests 25 or other services that are of such a nature that they are not 26 required to be performed in the presence of the insured. 27 28 4. The licensed medical professional rendering 29 treatment for which payment is being claimed must sign, by his or her own hand, the form complying with this paragraph. 30 31 3

Florida Senate - 2004 311-1316-04

1 5. The original completed disclosure and 2 acknowledgment form shall be furnished to the insurer pursuant 3 to paragraph (4)(b) and may not be electronically furnished. 6. This disclosure and acknowledgment form is not 4 5 required for services billed by a provider for emergency б services as defined in s. 395.002, for emergency services and 7 care as defined in s. 395.002 rendered in a hospital emergency 8 department, or for transport and treatment rendered by an 9 ambulance provider licensed pursuant to part III of chapter 10 401. 11 7. The Financial Services Commission shall adopt, by rule, a standard disclosure and acknowledgment form that shall 12 be used to fulfill the requirements of this paragraph, 13 effective 90 days after such form is adopted and becomes 14 final. The commission shall adopt a proposed rule by October 15 1, 2003. Until the rule is final, the provider may use a form 16 17 of its own which otherwise complies with the requirements of 18 this paragraph. 19 8. As used in this paragraph, "countersigned" means a 20 second or verifying signature, as on a previously signed 21 document, and is not satisfied by the statement "signature on file" or any similar statement. 22 The requirements of this paragraph apply only with 23 9. 24 respect to the initial treatment or service of the insured by 25 a provider. For subsequent treatments or service, the provider must maintain a patient log signed by the patient, in 26 chronological order by date of service, that is consistent 27 28 with the services being rendered to the patient as claimed. 29 For purposes of the patient signing a patient log, the 30 provider may use biometric time date technology in lieu of the 31 patient signing the log. The requirements of this subparagraph 4

Florida Senate - 2004 311-1316-04

for maintaining a patient log signed by the patient may be met by a hospital that maintains medical records as required by s. 395.3025 and applicable rules and makes such records available to the insurer upon request. Section 3. This act shall take effect July 1, 2004. б STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN COMMITTEE SUBSTITUTE FOR Senate Bill 1094 Narrows the legal presumption to apply only when the use of biometric time date technology verifies that the insured was present in the provider's office for the time the billed services were rendered. Removes the provision in the presumption that the insured received the specified treatment or services. Removes the provision that the patient's countersignature could be done by biometric or electronic means in signing the disclosure and acknowledgement form. Provides that the provider may use biometric time date technology in lieu of the insured signing the patient log.