

CHAMBER ACTION

1 The Committee on Insurance recommends the following:

2
3 **Committee Substitute**

4 Remove the entire bill and insert:

5 A bill to be entitled

6 An act relating to motor vehicle insurance costs; amending
7 s. 627.732, F.S.; defining the terms "biometrics" and
8 "biometric time date technology"; amending s. 627.736,
9 F.S.; revising procedures with respect to billing and
10 payment for treatment of injured persons under personal
11 injury protection benefits; providing an effective date.

12
13 Be It Enacted by the Legislature of the State of Florida:

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15 Section 1. Subsections (16) and (17) are added to section
16 627.732, Florida Statutes, to read:

17 627.732 Definitions.--As used in ss. 627.730-627.7405, the
18 term:

19 (16) "Biometrics" means a computer-based biological
20 imprint generally recognized by the scientific or law
21 enforcement community as capable of identifying an individual.

22 (17) "Biometric time date technology" means technology
 23 that uses biometric imprints to document the exact date and time
 24 a biological imprint was made or recognized.

25 Section 2. Paragraphs (a) and (e) of subsection (5) of
 26 section 627.736, Florida Statutes, are amended to read:

27 627.736 Required personal injury protection benefits;
 28 exclusions; priority; claims.--

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

30 (a) Any physician, hospital, clinic, or other person or
 31 institution lawfully rendering treatment to an injured person
 32 for a bodily injury covered by personal injury protection
 33 insurance may charge the insurer and injured party only a
 34 reasonable amount pursuant to this section for the services and
 35 supplies rendered, and the insurer providing such coverage may
 36 pay for such charges directly to such person or institution
 37 lawfully rendering such treatment, if the insured receiving such
 38 treatment or his or her guardian has countersigned the properly
 39 completed invoice, bill, or claim form approved by the office
 40 upon which such charges are to be paid for as having actually
 41 been rendered, to the best knowledge of the insured or his or
 42 her guardian. In no event, however, may such a charge be in
 43 excess of the amount the person or institution customarily
 44 charges for like services or supplies. With respect to a
 45 determination of whether a charge for a particular service,
 46 treatment, or otherwise is reasonable, consideration may be
 47 given to evidence of usual and customary charges and payments
 48 accepted by the provider involved in the dispute, and
 49 reimbursement levels in the community and various federal and

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50 state medical fee schedules applicable to automobile and other
51 insurance coverages, and other information relevant to the
52 reasonableness of the reimbursement for the service, treatment,
53 or supply. A provider may use biometric time date technology,
54 located in the provider's office, to document that the insured
55 was present at a specific time, date, and place a biometric
56 imprint was made.

57 (e)1. At the initial treatment or service provided, each
58 physician, other licensed professional, clinic, or other medical
59 institution providing medical services upon which a claim for
60 personal injury protection benefits is based shall require an
61 insured person, or his or her guardian, to execute a disclosure
62 and acknowledgment form, which reflects at a minimum that:

63 a. The insured, or his or her guardian, must countersign
64 the form attesting to the fact that the services set forth
65 therein were actually rendered;

66 b. The insured, or his or her guardian, has both the right
67 and affirmative duty to confirm that the services were actually
68 rendered;

69 c. The insured, or his or her guardian, was not solicited
70 by any person to seek any services from the medical provider;

71 d. That the physician, other licensed professional,
72 clinic, or other medical institution rendering services for
73 which payment is being claimed explained the services to the
74 insured or his or her guardian; and

75 e. If the insured notifies the insurer in writing of a
76 billing error, the insured may be entitled to a certain

77 | percentage of a reduction in the amounts paid by the insured's
78 | motor vehicle insurer.

79 | 2. The physician, other licensed professional, clinic, or
80 | other medical institution rendering services for which payment
81 | is being claimed has the affirmative duty to explain the
82 | services rendered to the insured, or his or her guardian, so
83 | that the insured, or his or her guardian, countersigns the form
84 | with informed consent.

85 | 3. Countersignature by the insured, or his or her
86 | guardian, is not required for the reading of diagnostic tests or
87 | other services that are of such a nature that they are not
88 | required to be performed in the presence of the insured.

89 | 4. The licensed medical professional rendering treatment
90 | for which payment is being claimed must sign, by his or her own
91 | hand, the form complying with this paragraph.

92 | 5. The original completed disclosure and acknowledgment
93 | form shall be furnished to the insurer pursuant to paragraph
94 | (4)(b) and may not be electronically furnished.

95 | 6. This disclosure and acknowledgment form is not required
96 | for services billed by a provider for emergency services as
97 | defined in s. 395.002, for emergency services and care as
98 | defined in s. 395.002 rendered in a hospital emergency
99 | department, or for transport and treatment rendered by an
100 | ambulance provider licensed pursuant to part III of chapter 401.

101 | 7. The Financial Services Commission shall adopt, by rule,
102 | a standard disclosure and acknowledgment form that shall be used
103 | to fulfill the requirements of this paragraph, effective 90 days
104 | after such form is adopted and becomes final. The commission

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105 shall adopt a proposed rule by October 1, 2003. Until the rule
106 is final, the provider may use a form of its own which otherwise
107 complies with the requirements of this paragraph.

108 8. As used in this paragraph, "countersigned" means a
109 second or verifying signature, as on a previously signed
110 document, and is not satisfied by the statement "signature on
111 file" or any similar statement.

112 9. The requirements of this paragraph apply only with
113 respect to the initial treatment or service of the insured by a
114 provider. For subsequent treatments or service, the provider
115 must maintain a patient log signed by the patient, in
116 chronological order by date of service, that is consistent with
117 the services being rendered to the patient as claimed. For
118 purposes of the patient signing a patient log on subsequent
119 visits, the provider may use biometric time date technology as
120 an electronic signature pursuant to ss. 668.003 and 668.004. The
121 requirements of this subparagraph for maintaining a patient log
122 signed by the patient may be met by a hospital that maintains
123 medical records as required by s. 395.3025 and applicable rules
124 and makes such records available to the insurer upon request.

125 Section 3. This act shall take effect July 1, 2004.