

1 A bill to be entitled
 2 An act relating to personal injury protection insurance;
 3 amending s. 627.732, F.S.; defining the terms "biometric"
 4 and "biometric time date technology"; amending s. 627.736,
 5 F.S.; authorizing health care providers to use biometric
 6 time date technology for certain information documentation
 7 and electronic signature purposes under certain personal
 8 injury protection insurance benefit provisions; providing
 9 an effective date.

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

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13 Section 1. Subsections (16) and (17) are added to section
 14 627.732, Florida Statutes, to read:

15 627.732 Definitions.--As used in ss. 627.730-627.7405, the
 16 term:

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

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

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

25 627.736 Required personal injury protection benefits;
 26 exclusions; priority; claims.--

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

28 (a) Any physician, hospital, clinic, or other person or

HB 0141

2005

29 institution lawfully rendering treatment to an injured person
30 for a bodily injury covered by personal injury protection
31 insurance may charge the insurer and injured party only a
32 reasonable amount pursuant to this section for the services and
33 supplies rendered, and the insurer providing such coverage may
34 pay for such charges directly to such person or institution
35 lawfully rendering such treatment, if the insured receiving such
36 treatment or his or her guardian has countersigned the properly
37 completed invoice, bill, or claim form approved by the office
38 upon which such charges are to be paid for as having actually
39 been rendered, to the best knowledge of the insured or his or
40 her guardian. In no event, however, may such a charge be in
41 excess of the amount the person or institution customarily
42 charges for like services or supplies. With respect to a
43 determination of whether a charge for a particular service,
44 treatment, or otherwise is reasonable, consideration may be
45 given to evidence of usual and customary charges and payments
46 accepted by the provider involved in the dispute, and
47 reimbursement levels in the community and various federal and
48 state medical fee schedules applicable to automobile and other
49 insurance coverages, and other information relevant to the
50 reasonableness of the reimbursement for the service, treatment,
51 or supply. A provider may use biometric time date technology,
52 located in the provider's office, to document that the insured
53 was present at a specific time, date, and place at which a
54 biometric imprint was made.

55 (e)1. At the initial treatment or service provided, each
56 physician, other licensed professional, clinic, or other medical

57 institution providing medical services upon which a claim for
58 personal injury protection benefits is based shall require an
59 insured person, or his or her guardian, to execute a disclosure
60 and acknowledgment form, which reflects at a minimum that:

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

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

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

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

73 e. If the insured notifies the insurer in writing of a
74 billing error, the insured may be entitled to a certain
75 percentage of a reduction in the amounts paid by the insured's
76 motor vehicle insurer.

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

83 3. Countersignature by the insured, or his or her
84 guardian, is not required for the reading of diagnostic tests or

85 other services that are of such a nature that they are not
 86 required to be performed in the presence of the insured.

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

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

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

99 7. The Financial Services Commission shall adopt, by rule,
 100 a standard disclosure and acknowledgment form that shall be used
 101 to fulfill the requirements of this paragraph, effective 90 days
 102 after such form is adopted and becomes final. The commission
 103 shall adopt a proposed rule by October 1, 2003. Until the rule
 104 is final, the provider may use a form of its own which otherwise
 105 complies with the requirements of this paragraph.

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

110 9. The requirements of this paragraph apply only with
 111 respect to the initial treatment or service of the insured by a
 112 provider. For subsequent treatments or service, the provider

HB 0141

2005

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

123 Section 3. This act shall take effect July 1, 2005.