



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

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

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

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

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

12 d. That the physician, other licensed professional,  
13 clinic, or other medical institution rendering services for  
14 which payment is being claimed explained the services to the  
15 insured or his or her guardian; and

16 e. If the insured notifies the insurer in writing of a  
17 billing error, the insured may be entitled to a certain  
18 percentage of a reduction in the amounts paid by the insured's  
19 motor vehicle insurer.

20 2. The physician, other licensed professional, clinic,  
21 or other medical institution rendering services for which  
22 payment is being claimed has the affirmative duty to explain  
23 the services rendered to the insured, or his or her guardian,  
24 so that the insured, or his or her guardian, countersigns the  
25 form with informed consent.

26 3. Countersignature by the insured, or his or her  
27 guardian, is not required for the reading of diagnostic tests  
28 or other services that are of such a nature that they are not  
29 required to be performed in the presence of the insured.

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

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

7           6. This disclosure and acknowledgment form is not  
8 required for services billed by a provider for emergency  
9 services as defined in s. 395.002, for emergency services and  
10 care as defined in s. 395.002 rendered in a hospital emergency  
11 department, or for transport and treatment rendered by an  
12 ambulance provider licensed pursuant to part III of chapter  
13 401.

14           7. The Financial Services Commission shall adopt, by  
15 rule, a standard disclosure and acknowledgment form that shall  
16 be used to fulfill the requirements of this paragraph,  
17 effective 90 days after such form is adopted and becomes  
18 final. The commission shall adopt a proposed rule by October  
19 1, 2003. Until the rule is final, the provider may use a form  
20 of its own which otherwise complies with the requirements of  
21 this paragraph.

22           8. As used in this paragraph, "countersigned" means a  
23 second or verifying signature, as on a previously signed  
24 document, and is not satisfied by the statement "signature on  
25 file" or any similar statement.

26           9. The requirements of this paragraph apply only with  
27 respect to the initial treatment or service of the insured by  
28 a provider. For subsequent treatments or service, the provider  
29 must maintain a patient log signed by the patient, in  
30 chronological order by date of service, that is consistent  
31 with the services being rendered to the patient as claimed.

1 For purposes of the patient signing a log on subsequent  
2 visits, the provider may use biometric time date technology as  
3 an electronic signature under ss. 668.003 and 668.004. The  
4 requirements of this subparagraph for maintaining a patient  
5 log signed by the patient may be met by a hospital that  
6 maintains medical records as required by s. 395.3025 and  
7 applicable rules and makes such records available to the  
8 insurer upon request.

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

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12 SENATE SUMMARY

13 Authorizes a health care provider to use biometric time  
14 date technology to document that an injured person  
15 received services under personal injury protection  
16 insurance.  
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