

Bill No. CS for SB 40-C

Barcode 550360

1 party is not liable for, and the provider shall not bill the
 2 injured party for, charges that are unpaid because of the
 3 provider's failure to comply with this paragraph. Any
 4 agreement requiring the injured person or insured to pay for
 5 such charges is unenforceable.

6 2. If, however, the insured fails to furnish the
 7 provider with the correct name and address of the insured's
 8 personal injury protection insurer, the provider has 35 days
 9 from the date the provider obtains the correct information to
 10 furnish the insurer with a statement of the charges. The
 11 insurer is not required to pay for such charges unless the
 12 provider includes with the statement documentary evidence that
 13 was provided by the insured during the 35-day period
 14 demonstrating that the provider reasonably relied on erroneous
 15 information from the insured and either:

- 16 a. A denial letter from the incorrect insurer; or
- 17 b. Proof of mailing, which may include an affidavit
- 18 under penalty of perjury, reflecting timely mailing to the
- 19 incorrect address or insurer.

20 3. For emergency services and care as defined in s.
 21 395.002 rendered in a hospital emergency department or for
 22 transport and treatment rendered by an ambulance provider
 23 licensed pursuant to part III of chapter 401, the provider is
 24 not required to furnish the statement of charges within the
 25 time periods established by this paragraph; and the insurer
 26 shall not be considered to have been furnished with notice of
 27 the amount of covered loss for purposes of paragraph (4)(b)
 28 until it receives a statement complying with paragraph (d), or
 29 copy thereof, which specifically identifies the place of
 30 service to be a hospital emergency department or an ambulance
 31 in accordance with billing standards recognized by the Health

Bill No. CS for SB 40-C

Barcode 550360

1 Care Finance Administration.

2 4. Each notice of insured's rights under s. 627.7401
3 must include the following statement in type no smaller than
4 12 points:

5
6 BILLING REQUIREMENTS.--Florida Statutes provide
7 that with respect to any treatment or services,
8 other than certain hospital and emergency
9 services, the statement of charges furnished to
10 the insurer by the provider may not include,
11 and the insurer and the injured party are not
12 required to pay, charges for treatment or
13 services rendered more than 35 days before the
14 postmark date of the statement, except for past
15 due amounts previously billed on a timely
16 basis, and except that, if the provider submits
17 to the insurer a notice of initiation of
18 treatment within 21 days after its first
19 examination or treatment of the claimant, the
20 statement may include charges for treatment or
21 services rendered up to, but not more than, 75
22 days before the postmark date of the statement.

23
24
25
26 ===== DIRECTORY CLAUSE AMENDMENT =====

27 And the directory clause is amended as follows:

28 On page 62, line 12, delete that line

29
30 and insert: subsection (4), paragraphs (a), (b), and
31 (c) of subsection (5),

Bill No. CS for SB 40-C

Barcode 550360

1 ===== T I T L E A M E N D M E N T =====

2 And the title is amended as follows:

3 On page 3, line 26, after the semicolon,

4

5 insert:

6 providing for electronic transmission of

7 certain statements;

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31