Med Pay Collection Kit

Three Steps to get 100% of Med Pay

1. Demand Letter:

   Send a 'demand' letter on your stationary, with a deadline. See attached. Especially important is to always have your patient co-sign the letter. This educated patients and motivates them. It also sends a powerful message to the 1st Party Med Pay Carrier, that their own insured is making a personal demand on them- - - not merely the doctor.

2. Department of Insurance [DOI] Complaint:

   The day following the Demand letter's deadline. Complete the DOI form and have the patient sign the complaint.

   The patient will be further engaged with payment of their own bill.

   The insurance companies do not welcome complaints from the DOI. Be sure to send copies of the complaint to the adjuster and their supervisor.

3. Small Claims Lawsuit:

   California's generous small claims jurisdiction permits suits up to $5,000.00.

   But, once again, you need to have your patient agree to serve as a co-plaintiff against their own insurance company. You can't sue by yourself with only an Assignment of Benefits.

   The insurance company cannot bring their attorneys. The claims manager and the adjuster can represent the insurance company if you name them as defendants.

   If your patient does not care to cooperate, then they immediately qualify to pay the difference owed by their own insurance company to you.

Beverly Brighter, DC
Chiropractic Clinic
143 Arizona Street
Malibu, CA 90542
Telephone: 310-777-1234
Facsimile: 310-7771235
Email: bbchriodc.com

Adjuster
No Pay Insurance Co
Address

Demand For Med Pay Payment
Due In 7 Days By 5:00 P.M

RE: Our Patient : Norma Stapleton
Your Insured : Bill Stapleton
Your Claim Number : 123-456
Date Accident :

Dear Mr. Adjuster:

On behalf of our patient we demand that No Pay Insurance Co make immediate Payment of the legitimate fees charged to our patient, your insured. We are sure that you are familiar with the Insurance Code Section 790.03 which requires No Pay's good faith when dealing with its own insured.

Unfortunately, No Pay has failed to provide appropriate protection in order to pay fair and proper medical fees. No Pay's last letter reducing payment is without excuse or justification. Therefore, we inform you that, along with our patient, we will be forced to file a formal complaint against No Pay within seven [7] days from the date of this letter to the Department of Insurance [DOI]. In addition, we will be forced to file suit against No Pay for full tender of our legitimate and reasonable medical fees.

We prefer not to take these measures. But No Pay's unilateral action leaves us and our patient without any further choices. We trust No Pay will take the reasonable approach and pay the rest of the benefits due to our patient, your insured.

Sincerely,

__________________________ __________________________________

Dr. Beverly Brighter Norma Stapleton: Patient and Insured

STATE OF CALIFORNIA Steve Poizner, Insurance Commissioner

DEPARTMENT OF INSURANCE
CONSUMER SERVICES AND MARKET CONDUCT BRANCH
CONSUMER SERVICES DIVISION
300 SOUTH SPRING STREET, SOUTH TOWER
LOS ANGELES, CA 90013
www.insurance.ca.gov

CCB-012 P
Revised: 12/21/06

REQUEST FOR ASSISTANCE

______________________________ Work Phone: ( ) __________________
Name

______________________________ Home Phone: ( ) __________________
Address

____
City Zip

==

Before you file a complaint with the Department of Insurance, you should first contact the insurance company, agent or broker in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form, attach copies of any important papers that relate to your complaint and mail to address shown above.

Please be aware that a copy of this Request for Assistance and other documentation submitted by you may be provided to the insurance company, agent or broker unless you indicate that you do not want a copy of your correspondence forwarded by checking the box:

☐ **Do not forward a copy of the completed form and the documentation provided. However, please contact the insurance company and investigate the complaint on my behalf.**

1. Complete name of insurance company involved:

   ____

2. Type of Insurance: Auto ☐ Home ☐ Life ☐ Health ☐ Other ☐ ____________

3. (a) Name of the policyholder if different from your name:

   ____

   (b) If a group policy, provide the group name:

   ____

4. Policy identification or certificate number:

   ____

5. Claim number (if applicable)____

6. Date loss occurred or began (if applicable)____

7. Broker/Agent (if applicable)____________________Broker/Agent License number____________

   Street address _________________________ City/State____________/_____ Zip __________

8. Have you contacted the company, agent or broker? Yes ☐ No ☐

   If yes, state the date(s) and person(s) contacted____

   (Provide copies of all correspondence)

(COMPLETE REVERSE SIDE)

9. Have you reported this to any other governmental agency? Yes _____________ No ______________
If yes, please give:

(1) Name of agency: ____

(2) File number, if known:____

10. Have you previously written to the Department of Insurance about this matter?
Yes ☐ No ☐ File number (if available) _____________________ Date ___________________

11. Is there attorney representation in this matter? Yes ☐ No ☐

12. Is a lawsuit currently on-going or pending? Yes ☐ No ☐ If yes, our ability to mediate this matter is limited, but we will investigate your inquiry for any regulatory issues. We may defer the regulatory investigation until the finality of the litigation. We ask that you still complete this form so we have a record of your issue. Once the matter is concluded, we would welcome any information regarding violations of law by the insurer that you or your attorney are willing to provide.

13. Briefly, describe your problem (use additional paper if needed):

____

____

____

____

____

____

____

____

____

14. What do you consider to be a fair resolution to your problem?

____

____

____

____

____

________________________________ ________________________________
(Signature) (Date)