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March 12, 2013

Common Insurance Questions for Healthcare Providers

Q: What do I do when my patient's car insurance coverage has been exhausted?

A: Delaware law requires that all insured motor vehicles must have PIP (personal injury protection) coverage. This coverage provides for payment of reasonable and necessary medical expenses related to the accident and/or any lost wages the client/patient may be entitled to if disabled. Delaware law requires a minimum policy of \$15,000.00 for PIP as well as liability. The coverage terminates upon the exhaustion of the benefits paid out to the client or upon two years from the date of the accident, whichever occurs first.

Often, we see our clients and/or your patients continue to need medical treatment but there are no further PIP funds available.

Q: What should the healthcare provider do at this point?

A: Clients, the healthcare provider, and/or their attorneys must closely examine all insurance policies in the patient household to

determine whether there is any further excess coverage. As an example, if a patient was involved in an accident in a friend or relatives vehicles but owned a personal vehicle, this excess or additional coverage can be used **for payment of medical bills and lost wages.**

Consider a recent example of ours where a client was driving a friend's car with a minimum \$15,000.00 policy. The medical bills exceeded that coverage within the first year of treatment. The healthcare provider was significantly concerned that no further coverage was available. However, in speaking to the client, we learned that their own vehicle had \$50,000.00 in PIP coverage. We successfully secured an additional \$35,000.00 in PIP (\$50,000.00 minus \$15,000.00 equals \$35,000.00) for use by you, the healthcare provider.

If health insurance is available, please contact us immediately upon learning there is no further PIP coverage. We will also periodically request payment transmittals from the client/patient's carrier to check the status and amount of benefits remaining. The health carrier becomes primary and steps into the shoes of the PIP carrier for the rest of the claim regarding payment of medical bills.

Q: What if our patient/client has no health insurance?

A: When there is no health coverage and no additional PIP, **the lawyer should be contacted immediately by your billing staff** to submit the bills as part of a settlement demand. At the time of our negotiations with the at-fault insurance company, we will submit your unpaid medical bills in addition to our client's claim for pain and suffering. The settlement of the claim is guided by the amount of insurance coverage available.

If settlement of the claim does not provide enough coverage to successfully reimburse the client for pain and suffering as well as the amount of outstanding medical bills, it is essential that the attorney, healthcare provider and the client work together to successfully resolve the claim. We will investigate whether our client has UIM coverage (uninsured or underinsured coverage) in case the tortfeasor (the person that caused the accident) had minimum coverage.

Working together for the benefit of all parties involved is essential to the resolution of such claims. If there is not enough insurance to pay the bill after all avenues have been exhausted, we

will reach out to you to discuss a resolution.

If you or someone in your office is experiencing problems with automobile insurance, please do not hesitate to contact me personally at 1-800-632-9230 or email me at EricDoroshow@dplaw.com.

We will gladly plan a presentation to explain how your bills will be paid by coming to your office. We will plan a luncheon presentation to explain how your bills get paid to your billing staff as well as you as a healthcare provider. This can be done at your convenience or after hours.

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