

Letter from Patient to Med-Pay Carrier Regarding Payment of Benefits

Dear _____,

Thank you for your letter, dated _____ where you attempt to outline the actions I must take to obtain the benefits I am due under the med-pay contract I have with _____ (subscriber's auto carrier). For your convenience, I have attached a copy of Virginia Code 8.01-27.5 for your review.

First, your comment that an "in-network" provider is required to submit all claims to a contracted health insurance carrier is correct only up to a point. Under HIPAA rules, if I instruct the doctor NOT to bill the health insurance carrier—which I have and a copy of those signed instructions are attached—the doctor is prohibited by Federal Law from billing my health insurance carrier (see 45 C.F.R.164.522(a) and the 2013 HIPAA Omnibus Rules).

Second, you stated I am "required" by Virginia Code 8.01-27.5 to provide my doctor with my health insurance information. Nowhere in 8.01-27.5 does it state I am required to provide such information and, if it did, that requirement would be in violation of Federal HIPAA statutes.

For personal reasons, I have chosen to use only my med-pay benefit to pay for treatments received for injuries I sustained in the above noted auto accident. Per Virginia Code 38.2-2201.D6, my medical expense benefit may not be reduced because of any benefits paid, payable, or provided by any health insurance contract, so your request for policy numbers and EOBs are unreasonable and they will not be provided.

In summation:

- I have chosen not to use my health insurance benefit for treatment of injuries I received in the above noted auto accident.
- I instructed the doctor not to bill my health insurance, my right under federal HIPAA regulations.
- I signed an Assignment of Benefits contract with the doctor, including the necessary "Notice", authorizing him to bill you, my med-pay carrier, directly for the benefits due me under my contract with _____ (subscriber's auto carrier) and directing you to pay those bills for necessary services directly to the doctor.

I believe this should clear up any confusion you may have as to my rights and your obligations. I fully expect you to honor the Assignment of Benefits that I signed and my instructions as to the bills you receive for my care. If you have any questions, please contact me at once, in writing, so we can resolve any issue you might have as to my wishes and instructions.

Please make sure my request is processed as soon as possible so as not to impact or interrupt my care.

Sincerely,

Patient's Signature