PIP ARBITRATIONS

AN OVERVIEW FROM JOSEPH M. GHABOUR & ASSOCIATES

APPLICATION FOR BENEFITS

1 Have your patient complete and submit the *Application for Medical Benefits* to their insurance carrier.

PATIENT'S INSURANCE DECLARATIONS SHEET & BENEFIT INFORMATION

2 Refer to the Declarations Sheet. Is the patient "Healthcare Primary" or "PIP Primary?" If "Healthcare Primary," do they have in-network or out-of-network benefits? Get answers to these questions to find out where bills can be sent for payment. Always include Explanations of Benefits in carrier correspondence. If the patient isn't properly insured, they may have other insurance options for a fee.

INSURANCE CARRIER'S DECISION POINT REVIEW PLAN

3 You'll need this to know where to send pre-certification requests, the use of voluntary networks, and the appeals process. Ensure your patient's medical facilities are in-network to avoid penalty fees.

PRECERTIFICATION PROCESS

4 The precertification requests must be sent to the insurance carrier. Failure to precertify treatment may result in penalty fees. If the patient seeks treatment or visits the ER within the first ten days of the accident, you do not need to submit a precertification request.

DETERMINATIONS OF TREATMENT & MEDICAL NECESSITY

5 All determinations of treatments or testing shall be based on medical necessity and shall be made by a physician in the same field. If the insurance carrier denies treatment for lack of medical necessity, request a copy of the *Physician Advisor Review* to find out why. The attending doctor can review and respond with a letter, treatment notes, test results and other findings. The doctor will need to provide full justification for the services and treatment. He must also provide evidence that the treatments are resulting in improvement to the patient.

APPEALS PROCESS

6 If the carrier continues to deny the precertification, refer to the *Decision Point Review Plan* to begin the Internal Appeals Process. You must file two appeals according to the carrier process or face an adverse determination from the Arbitration Forum.

ATTORNEY INVOLVEMENT & REPRESENTATION

7 Following two appeals and treatments that were denied payment, send the file to your attorney. Include the *Assignment of Benefits*, claim forms, precertification requests, first and second-level appeals, letters of medical necessity, treatment notes, test results and all reports.

ARBITRATION PROCESS

8 After we review the file and determine the issues and viability of the case, as your attorney, we will file the *Demand for PIP Arbitration*, via Certified Mail. The carrier can offer to settle or hire a law firm to defend the merits of the case. If they hire a law firm, they will file a *Statement of Response* and an *Initial Submission*. The Arbitration Forum will then schedule a hearing. Both attorneys will go before the Arbitration Forum to make our arguments, at which point the Abitration Forum will make a determination, close the case, and make an award.

AWARDS, SETTLEMENTS & CLOSING THE CASE

9 Once the Arbitration Forum closes the case, they will issue an award within 45 days. If there are any issues that remain open, the Arbitration Forum will schedule the dates on which all submissions are due regarding this issue for consideration, after which they will close the case and make an award within 45 days.

YOUR RIGHTS & OUR COMMITMENT

10 Our mission is to seek restitution for your unpaid services. Remember, that we do this at NO COST to you. Upon completion of the arbitration, attorney expenses and fees are paid by the insurance carrier. We have successfully represented doctors and providers in PIP arbitrations and are ready to serve you. Contact us today to begin the arbitration process. **We guarantee our services will not cost you anything, ever.**