**Letter to Adjuster for Recovery of Treatment Charges**

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Prepared: 2/2/16

**(First Party Health Insurer and Non-Workers Compensation Patient)**

Date

XYZ Insurance Company

Attn: Adjuster

1234 Main Street

City, State, Zip

 RE: Patient Name

 Reference/Claim No.

Dear Mr./Ms. Adjuster:

 Representatives of our office have spoken to you on several occasions in the past concerning the unpaid treatment charges of the above-referenced patient who is your Company’s insured policy holder. As your company is aware, this office has been providing chiropractic treatment for Mr./Ms. [Patient] since approximately . Although claims for payment have been properly submitted to your company, payment on this patient’s account (has not been timely/is extremely/has not been paid).

 According to our office notes, communication regarding this file has involved the following conversations:

**[Provide brief summary of key conversations relating to payment on account. Does not need to be lengthy but should summarize date of conversation, insurance representative involved in conversation and any key deadlines or “promised” dates of payment extended by the insurance company.]**

Overall, the nature of communication with your company has not been productive and it appears that your company is intentionally delaying payment on behalf of this patient.

 I would like to address your attention to aspects of Wisconsin’s statutory and administrative law relating to the timely payment of a patient’s treatment charges. **[Note: any or all of the following three (3) paragraphs may be applicable.]**

1. Wisconsin Statute §628.46 provides an interest penalty for the untimely payment of insurance claims. Specifically, a patient’s treating provider is entitled to twelve percent (12%) interest on any payment that is due for the care of an insured patient which results from the insurer’s untimely processing of the claims. More specifically, Wisconsin Stat. §628.46(2m) addresses the need for timely payment for chiropractic services and indicates that a claim is overdue if it is not paid within thirty days after the insurance company receives clinical documentation on the patient’s services. As you are aware, this office has obtained an assignment of interest from Mr./Ms. [Patient] for payment of his/her chiropractic treatment expenses related to this patient’s treatment. As such, payments on behalf of this insured patient should be timely paid to this office in order to avoid these additional interest and penalty charges.
2. In addition, Wisconsin Case Law provides that a patient undergoing treatment for an injury is entitled to recover all treatment expenses which the patient incurred provided that the patient exercised ordinary care in obtaining chiropractic treatment and followed the doctor’s treatment recommendations. Attention should be given to the Case Law in Hanson vs. American Family Mutual Insurance Company, et al., a Wisconsin Supreme Court Decision from 2006. It is our understanding that the above-referenced patient was/has not been notified of a dispute regarding the reasonableness of this office’s charges and that this patient is relying upon our good faith advice for the need to continue chiropractic care.
3. Wisconsin has Administrative Code Provisions adopted through the Commissioner of Insurance Office which relate to unfair claims settlement practices. Under Wisconsin Administrative Code, INS 6.11(3) the insurance commissioner’s office regards failure to attempt in good faith to effectuate fair and equitable settlements of claims which are reasonably clear for payment as an unfair claim practice. This office will consider all options available to insure that the claims settlement practices of this state are following with respect to the treatment of this patient.

 In the event that any further information is required from this office in order to process the existing balance for payment and/or future claims, I would ask that you advise us, in writing, of any information required within seven (7) business days of the date of this letter. Please specifically identify any required information. Otherwise, we anticipate your prompt attention to payment on this matter. Please do not hesitate to contact me should you have any additional questions or concerns.

Sincerely,

Doctor’s/Office manager’s signature

**cc: (Patient’s name)**

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