• **Limitation of Treatment; Coverage; and Discrimination of providers:** 10K benefits for (a) ambulance; (b) treatment in a hospital by MD, DO, Dentist, ARNP, PA under Ch 458 or 459; (c) hospital admission. Only if you have one of the above (a-c) can you then get “subsequent care” by same chapters. No treatment by DC or LMT allowed. (ll. 533-563)

• **Time limit to receive care:** Must get care in hospital within 72 hours (ll. 536).

• **“Emergency Medical Condition”:** Insured must meet this definition of having “serious impairment to bodily function” to receive benefits (ll. 289; 536)

• **Treatment limited to diagnosis in hospital:** The treatment must be related to the initial diagnosis in order to receive the ECC benefits (ll. 544).

• **Kingsway decision reversed:** Insurers do not have to incorporate fee schedule into policies and they can pay either less than fee schedule if provider bills less, or choose to pay at fee schedule without putting it into the policy. This is contrary to Appellate court decisions. (ll. 276)

• **Delay abuse – “suspicious” fraudulent act:** If the insurer has “reasonable belief” that a fraudulent insurance act has been committed and reports its suspicions to DIF, the 30 day period for payment is tolled... (ll. 722)

• **Fee Schedule / IR can pay less if HCP charges less:** If HCP bills a lesser amt than fee schedule it is a “reasonable” amount. H/E payment under the fee schedule is also “reasonable” (a bit contradictory) (ll. 815).

• **Direct Payment / billing requirement nightmare:** Patient must sign invoice with charges and treatment received “to the best of the insd’s knowledge” in order to get paid directly (ll. 792)

• **Fee Schedule – Ability to take global Medicare reductions:** “However nothing...prohibits an insurer from using any and all Medicare coding policies and CMS payment methodologies, including applicable modifiers, to determine the appropriate amt of reimbursement...” (ll. 874).

• **EUO:** EUO required of insurer and provider as a condition precedent to the insured receiving Bs (ll. 1109 and 1128). Provider gets “reasonable compensation” to be determined by insurer’s good faith estimates of the hourly rate for the HCP and the time required to conduct the EUO (1140).

• **Inspection:** Providers will have onsite physical inspections w/i 10 days after the insurer’s (ll. 1175)

• **Attorney’s fees:** All attorney’s fees for insurance claims under 627,428 are limited to lesser of $200 per hour or between $7500 and 10,000 in a case involving ECC benefits (ll. 1324). No multiplier (ll. 1346); Class actions are limited to the lesser of $50K or 3 times the total of any disputed amt (ll. 1349).

• **Demand letter:** Can’t send if there is still an outstanding (4)(b) request (ll. 1116). If IME term., need to attach letter with proposed future care (ll. 1359)