

Insurance wish list?

The July Practice Tips article¹ on dealing with insurance company forms did not seem to have many tips, but was more a wish list from the life insurance industry. As Dr Empringham notes, most life insurers use third party service providers to collect underwriting information. He notes that insurers would find it useful for physicians to list the patients' problems and provide supporting test results, but that, in most cases, documenting office visits is not necessary. However, this is not the way that the major service providers ask for the information. Their requests are usually for dates, histories, diagnoses, and treatments—seemingly the documentation of office visits that Dr Empringham says is unnecessary. Perhaps the insurance industry should address this with its service providers.

Dr Empringham also notes that it is important for insurers to receive patient information in a timely manner. The College of Physicians and Surgeons of Ontario defines "timely" as 60 days. Insurers seem to define it as "drop everything and do it now." These requests are often labeled as "urgent" or "please rush." My office receives calls and faxes asking about the status of reports within days of receipt of the requests. It seems that insurers have begun asking their clients to pressure physicians as well, as I have started to receive calls from patients asking about reports shortly after the requests have been received. If the insurance industry understands that "physicians' time is at a premium," as Dr Empringham says, this kind of behaviour doesn't show it.

The other difficulty I have run into from these service providers is payment. They will often either send a sub-standard payment with the request for information or ignore the bill that is sent with the report.

My approach has been to develop a form letter that is faxed back to the service provider when the request for information is received. It acknowledges receipt of the request and advises the service provider of the fee. The service provider is advised that the information will be provided within 15 working days of receipt of payment and that there will be an additional charge for the time taken to respond to any status requests prior to that time. This has worked remarkably well in terms of payment—cheques that used to take months often arrive within a week. Unfortunately, it has not seemed to slow the status requests, but I can either ignore them or bill for the time spent responding.

Lately, as the number of "urgent" requests has increased, I have added a section to my form letter indicating that there is an additional charge for such requests, as it is difficult to budget time for them. The service provider can then decide if the urgent need for

the information warrants the additional fee, and, if so, I am compensated for the inconvenience of trying to fit the request into my schedule.

—Keith Ferguson MD
London, Ont
by e-mail

Reference

1. Empringham B. Life insurance applications. Helping you to help your patients. *Can Fam Physician* 2007;53:1159.

Response

I'd like to thank Dr Ferguson for taking the time to write about my article. It is true that our clients are sometimes phoning doctors and asking for completion of reports in a timely fashion. Their clients are looking for insurance coverage for assets that they have spent their lives acquiring and the coverage is important to them. Should they wish to manage that part of their financial health, it is their prerogative.

There are several different types of forms that insurance companies might request that apply to a number of different types of insurance requirements. My article dealt with our request for reports when clients apply for life insurance. In these situations, there have been very few cases where I have questioned the amount of the fee charged by a doctor, and the Ontario Medical Association has a process by which mediation is available should there be a disagreement. In my 15 years' full-time experience, such problems have been rare. For other insurance company requests pertaining to other matters, there are times when the clients are responsible for payment as per the contracts they signed, and in such cases, the insurance company may well not pay the fee.

When there are concerns with any life insurance issues for Great-West Life, Canada Life, or London Life, I and the other 3 individuals in my area (2 physicians

Make your views known!

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Faites-vous entendre!

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and 1 nurse) are available to deal with them, and we do so on a regular basis.

Thanks, Dr Ferguson, for your promptness!

—Bruce Empringham MD
 Vice President and Medical Director
 Great-West Life Assurance Company,
 London Life Insurance Company,
 and the Canada Life Assurance Company
 London, Ont
 by e-mail

Following in my footsteps?

There have been several articles and letters in *Canadian Family Physician* recently regarding choosing family medicine as a specialty. To me the bottom line is, Would I want my daughter to follow in my footsteps? Knowing how hard I work and how little I get paid, the answer is, Not really.

—Angela Joynes MD CCFP FCFP
 Columbia, Tenn
 by e-mail

Corrections

The authors' biographies in the Dermacase article that appeared in the July 2007 issue (*Can Fam Physician* 2007;53:1157, 1165) should have read as follows: **Dr Ting** is a resident at the University of Alberta in Edmonton. **Dr Barankin** is a dermatologist in Toronto, Ont.

In the article "Mayhem on the ice. Do players' injuries put team staff at risk of injury?" which appeared in the September 2007 issue (*Can Fam Physician* 2007;53:1488-92), the correspondence information was incorrect. The correct information is as follows:

Correspondence to: Dr Kevin E. Gordon, Department of Pediatrics, IWK Health Centre, 5580/5980 University Ave, Halifax, NS B3K 6R8; telephone 902 470-8475; fax 902 470-8486; e-mail kegor@dal.ca

In the article "From narrative wreckage to islands of clarity," which appeared in the August 2007 issue (*Can Fam Physician* 2007;53:1271-5), the author's biography should have been as follows: **Dr Gold** is a family physician in Halifax, NS, and an Assistant Professor at Dalhousie University in the Department of Family Medicine and the Division of Medical Education.

Canadian Family Physician apologizes for these errors and any confusion they might have caused.

FOR PRESCRIBING INFORMATION SEE PAGE 1794 ↗