1 A bill to be entitled
2 An act relating to motor vehicle insurance; amending s.
3 316.646, F.S.; requiring each person operating a motor
4 vehicle to have in his or her possession proof of property
5 damage liability coverage; conforming a cross-reference to
6 changes made by the act; amending s. 320.02, F.S.;
7 clarifying the requirements concerning insurance and
8 liability coverage for certain motor vehicles registered
9 in this state; amending s. 321.245, F.S., relating to the
10 disposition of certain funds in the Highway Safety
11 Operating Trust Fund; conforming a cross-reference;
12 amending s. 324.022, F.S.; revising provisions requiring
13 the owner or operator of a motor vehicle to maintain
14 property damage liability coverage; specifying the
15 requirements that apply to such a policy; providing
16 definitions; requiring that a nonresident owner or
17 registrant of a motor vehicle maintain property damage
18 liability coverage if the motor vehicle is in the state
19 longer than a specified period; providing an exception for
20 a member of the United States Armed Forces who is on
21 active duty outside the United States; creating s.
22 324.0221, F.S.; requiring insurers to report to the
23 Department of Highway Safety and Motor Vehicles the
24 renewal, cancellation, or nonrenewal of a policy providing
25 personal injury protection coverage or motor vehicle
26 property damage liability coverage; authorizing the
27 department to adopt rules for the reports; providing that
28 failure to report as required is a violation of the

29 Florida Insurance Code; requiring that an insurer notify
30 the named insured that a cancelled or nonrenewed policy
31 will be reported to the department; requiring that the
32 department suspend the registration and driver's license
33 of an owner or registrant of a motor vehicle who fails to
34 maintain the required liability coverage; providing for
35 the reinstatement of a registration or driver's license
36 upon payment of certain fees; requiring that a person
37 obtain noncancelable coverage following such
38 reinstatement; providing for the deposit and use of
39 reinstatement fees; amending ss. 627.7275 and 627.7295,
40 F.S., relating to motor vehicle insurance policies and
41 contracts; conforming provisions to changes made by the
42 act; reviving and reenacting ss. 627.730, 627.731,
43 627.732, 627.734, 627.737, 627.739, 627.7401, 627.7403,
44 627.7405, F.S., and reviving, reenacting, and amending ss.
45 627.733 and 627.736, the Florida Motor Vehicle No-Fault
46 Law, notwithstanding the repeal of such law provided in s.
47 19, chapter 2003-411, Laws of Florida; deleting certain
48 provisions relating to the suspension and reinstatement of
49 a driver's license and registration and notice to the
50 Department of Highway Safety and Motor Vehicles;
51 conforming provisions to changes made by the act;
52 providing legislative intent with respect to the
53 reenactment and codification of the Florida Motor Vehicle
54 No-Fault Law, notwithstanding its prior repeal; amending
55 s. 627.736, F.S., as reenacted and amended; revising
56 provisions governing the medical benefits provided as

57 required personal injury protection benefits; providing
58 medical benefits for services and care ordered or
59 prescribed by a physician or provided by certain persons
60 or entities that meet certain specified requirements;
61 requiring the Financial services Commission to adopt
62 rules; requiring personal injury protection insurers to
63 reserve benefits for certain providers for a specified
64 period; tolling the time period for the insurer to pay
65 claims from other providers; authorizing an insurer to
66 limit reimbursement for personal injury protection
67 benefits to a specified percentage of a schedule of
68 maximum charges; prohibiting an insurer from billing or
69 attempting to collect amounts in excess of such limits,
70 except for amounts that are not covered by personal injury
71 protection coverage; deleting provisions specifying
72 allowable amounts for certain tests and services;
73 extending the period during which an insurer may pay an
74 overdue claim following receipt of a demand letter without
75 incurring a penalty; providing for penalties to be imposed
76 against certain insurers for failing to pay claims for
77 personal injury protection; authorizing the Department of
78 Legal Affairs to investigate violations and initiate
79 enforcement action; requiring that all claims related to
80 the same health care provider for the same injured person
81 be brought in one act unless good cause is shown;
82 requiring that electronic notices and communications
83 required or authorized under the Florida Motor Vehicle No-
84 Fault Law be consistent with state and federal privacy and

85 security laws; amending s. 627.739, F.S., as reenacted;
86 deleting provisions authorizing an insurer to offer
87 certain deductibles with respect to a policy of personal
88 injury protection; providing legislative intent concerning
89 the application of the act; requiring insurers to deliver
90 revised notices of premium and policy changes to certain
91 policyholders; requiring an insurer to cancel the policy
92 and return any unearned premium if the insured fails to
93 timely respond to the notice; providing for calculating
94 the amount of unearned premium; requiring that insurers
95 continue to use certain forms and rates until a specified
96 date unless the Office of Insurance Regulation approves
97 new forms or rates; providing that a person purchasing a
98 motor vehicle insurance policy without personal injury
99 protection coverage is exempt from the requirement for
100 such coverage and is not subject to certain liability
101 provisions for a specified period; requiring that insurers
102 provide notice of the requirement for personal injury
103 protection coverage or add an endorsement to the policy
104 providing such coverage; providing effective dates.
105
106 Be It Enacted by the Legislature of the State of Florida:
107
108 Section 1. Subsections (1) and (3) of section 316.646,
109 Florida Statutes, are amended to read:
110 316.646 Security required; proof of security and display
111 thereof; dismissal of cases.--
112 (1) Any person required by s. 324.022 to maintain property

113 damage liability security, required by s. 324.023 to maintain
114 liability security for bodily injury or death, or ~~any person~~
115 required by s. 627.733 to maintain personal injury protection
116 security on a motor vehicle shall have in his or her immediate
117 possession at all times while operating such motor vehicle
118 proper proof of maintenance of the required security. Such proof
119 shall be ~~either~~ a uniform proof-of-insurance card in a form
120 prescribed by the department, a valid insurance policy, an
121 insurance policy binder, a certificate of insurance, or such
122 other proof as may be prescribed by the department.
123 (3) Any person who violates this section commits a
124 nonmoving traffic infraction subject to the penalty provided in
125 chapter 318 and shall be required to furnish proof of security
126 as provided in this section. If any person charged with a
127 violation of this section fails to furnish proof, at or before
128 the scheduled court appearance date, that security was in effect
129 at the time of the violation, the court may immediately suspend
130 the registration and driver's license of such person. Such
131 license and registration may ~~only~~ be reinstated only as provided
132 in s. 324.0221 ~~s. 627.733~~.
133 Section 2. Paragraphs (a) and (d) of subsection (5) of
134 section 320.02, Florida Statutes, are amended to read:
135 320.02 Registration required; application for
136 registration; forms.--
137 (5)(a) Proof that personal injury protection benefits have
138 been purchased when required under s. 627.733, that property
139 damage liability coverage has been purchased as required under
140 s. 324.022, that bodily injury or death coverage has been

141 purchased if required under s. 324.023, and that combined bodily
142 liability insurance and property damage liability insurance have
143 been purchased when required under s. 627.7415 shall be provided
144 in the manner prescribed by law by the applicant at the time of
145 application for registration of any motor vehicle that is
146 subject to such requirements ~~owned as defined in s. 627.732~~. The
147 issuing agent shall refuse to issue registration if such proof
148 of purchase is not provided. Insurers shall furnish uniform
149 proof-of-purchase cards in a form prescribed by the department
150 and shall include the name of the insured's insurance company,
151 the coverage identification number, and the make, year, and
152 vehicle identification number of the vehicle insured. The card
153 shall contain a statement notifying the applicant of the penalty
154 specified in s. 316.646(4). The card or insurance policy,
155 insurance policy binder, or certificate of insurance or a
156 photocopy of any of these; an affidavit containing the name of
157 the insured's insurance company, the insured's policy number,
158 and the make and year of the vehicle insured; or such other
159 proof as may be prescribed by the department shall constitute
160 sufficient proof of purchase. If an affidavit is provided as
161 proof, it shall be in substantially the following form:
162
163 Under penalty of perjury, I ...(Name of insured)... do hereby
164 certify that I have ...(Personal Injury Protection, Property
165 Damage Liability, and, when required, Bodily Injury
166 Liability)... Insurance currently in effect with ...(Name of
167 insurance company)... under ...(policy number)... covering
168 ...(make, year, and vehicle identification number of

169 vehicle).... ...(Signature of Insured)...
170
171 Such affidavit shall include the following warning:
172
173 WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN A VEHICLE
174 REGISTRATION CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA
175 LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS
176 SUBJECT TO PROSECUTION.
177
178 When an application is made through a licensed motor vehicle
179 dealer as required in s. 319.23, the original or a photostatic
180 copy of such card, insurance policy, insurance policy binder, or
181 certificate of insurance or the original affidavit from the
182 insured shall be forwarded by the dealer to the tax collector of
183 the county or the Department of Highway Safety and Motor
184 Vehicles for processing. By executing the aforesaid affidavit,
185 no licensed motor vehicle dealer will be liable in damages for
186 any inadequacy, insufficiency, or falsification of any statement
187 contained therein. A card shall also indicate the existence of
188 any bodily injury liability insurance voluntarily purchased.
189 (d) The verifying of proof of personal injury protection
190 insurance, proof of property damage liability insurance, proof
191 of combined bodily liability insurance and property damage
192 liability insurance, or proof of financial responsibility
193 insurance and the issuance or failure to issue the motor vehicle
194 registration under the provisions of this chapter may not be
195 construed in any court as a warranty of the reliability or
196 accuracy of the evidence of such proof. Neither the department

197 nor any tax collector is liable in damages for any inadequacy,
198 insufficiency, falsification, or unauthorized modification of
199 any item of the proof of personal injury protection insurance,
200 proof of property damage liability insurance, proof of combined
201 bodily liability insurance and property damage liability
202 insurance, or proof of financial responsibility insurance ~~either~~
203 prior to, during, or subsequent to the verification of the
204 proof. The issuance of a motor vehicle registration does not
205 constitute prima facie evidence or a presumption of insurance
206 coverage.
207 Section 3. Section 321.245, Florida Statutes, is amended
208 to read:
209 321.245 Disposition of certain funds in the Highway Safety
210 Operating Trust Fund.--The director of the Florida Highway
211 Patrol, after receiving recommendations from the commander of
212 the auxiliary, is authorized to purchase uniforms and equipment
213 for auxiliary law enforcement officers as defined in s. 321.24
214 from funds described in s. 324.0221(3) ~~s. 627.733(7)~~. The
215 amounts expended under this section shall not exceed $50,000 in
216 any one fiscal year.
217 Section 4. Section 324.022, Florida Statutes, is amended
218 to read:
219 324.022 Financial responsibility for property damage.--
220 (1) Every owner or operator of a motor vehicle, ~~which~~
221 ~~motor vehicle is subject to the requirements of ss. 627.730-~~
222 ~~627.7405 and~~ required to be registered in this state~~,~~ shall~~, by~~
223 ~~one of the methods established in s. 324.031 or by having a~~
224 ~~policy that complies with s. 627.7275,~~ establish and maintain

225 the ability to respond in damages for liability on account of
226 accidents arising out of the use of the motor vehicle in the
227 amount of $10,000 because of damage to, or destruction of,
228 property of others in any one crash. The requirements of this
229 section may be met by one of the methods established in s.
230 324.031; by self-insuring as authorized by s. 768.28(16); or by
231 maintaining an insurance policy providing coverage for property
232 damage liability in the amount of at least $10,000 because of
233 damage to, or destruction of, property of others in any one
234 accident arising out of the use of the motor vehicle. The
235 requirements of this section may also be met by having a policy
236 which provides coverage in the amount of at least $30,000 for
237 combined property damage liability and bodily injury liability
238 for any one crash arising out of the use of the motor vehicle.
239 The policy, with respect to coverage for property damage
240 liability, must meet the applicable requirements of s. 324.151,
241 subject to the usual policy exclusions that have been approved
242 in policy forms by the Office of Insurance Regulation. No
243 insurer shall have any duty to defend uncovered claims
244 irrespective of their joinder with covered claims.
245 (2) As used in this section, the term:
246 (a) "Motor vehicle" means any self-propelled vehicle that
247 has four or more wheels and that is of a type designed and
248 required to be licensed for use on the highways of this state,
249 and any trailer or semitrailer designed for use with such
250 vehicle. The term does not include:
251 1. A mobile home.
252 2. A motor vehicle that is used in mass transit and

253 designed to transport more than five passengers, exclusive of
254 the operator of the motor vehicle, and that is owned by a
255 municipality, transit authority, or political subdivision of the
256 state.
257 3. A school bus as defined in s. 1006.25.
258 4. A vehicle providing for-hire transportation that is
259 subject to the provisions of s. 324.031. A taxicab shall
260 maintain security as required under s. 324.032(1).
261 (b) "Owner" means the person who holds legal title to a
262 motor vehicle or the debtor or lessee who has the right to
263 possession of a motor vehicle that is the subject of a security
264 agreement or lease with an option to purchase.
265 (3) Each nonresident owner or registrant of a motor
266 vehicle that, whether operated or not, has been physically
267 present within this state for more than 90 days during the
268 preceding 365 days shall maintain security as required by
269 subsection (1) which is in effect continuously throughout the
270 period the motor vehicle remains within this state.
271 (4) The owner or registrant of a motor vehicle is exempt
272 from the requirements of this section if she or he is a member
273 of the United States Armed Forces and is called to or on active
274 duty outside the United States in an emergency situation. The
275 exemption provided by this subsection applies only as long as
276 the member of the Armed Forces is on such active duty outside
277 the United States and applies only while the vehicle is not
278 operated by any person. Upon receipt of a written request by the
279 insured to whom the exemption provided in this subsection
280 applies, the insurer shall cancel the coverages and return any

281 unearned premium or suspend the security required by this
282 section. Notwithstanding s. 324.0221(3), the department may not
283 suspend the registration or operator's license of any owner or
284 registrant of a motor vehicle during the time she or he
285 qualifies for an exemption under this subsection. Any owner or
286 registrant of a motor vehicle who qualifies for an exemption
287 under this subsection shall immediately notify the department
288 prior to and at the end of the expiration of the exemption.
289 Section 5. Section 324.0221, Florida Statutes, is created
290 to read:
291 324.0221 Reports by insurers to the department; suspension
292 of driver's license and vehicle registrations; reinstatement.--
293 (1)(a) Each insurer that has issued a policy providing
294 personal injury protection coverage or property damage liability
295 coverage shall report the renewal, cancellation, or nonrenewal
296 thereof to the department within 45 days after the effective
297 date of each renewal, cancellation, or nonrenewal. Upon the
298 issuance of a policy providing personal injury protection
299 coverage or property damage liability coverage to a named
300 insured not previously insured by the insurer during that
301 calendar year, the insurer shall report the issuance of the new
302 policy to the department within 30 days. The report shall be in
303 the form and format and contain any information required by the
304 department and must be provided in a format that is compatible
305 with the data-processing capabilities of the department. The
306 department may adopt rules regarding the form and documentation
307 required. Failure by an insurer to file proper reports with the
308 department as required by this subsection or rules adopted with

309 respect to the requirements of this subsection constitutes a
310 violation of the Florida Insurance Code. These records shall be
311 used by the department only for enforcement and regulatory
312 purposes, including the generation by the department of data
313 regarding compliance by owners of motor vehicles with the
314 requirements for financial responsibility coverage.
315 (b) With respect to an insurance policy providing personal
316 injury protection coverage or property damage liability
317 coverage, each insurer shall notify the named insured, or the
318 first named insured in the case of a commercial fleet policy, in
319 writing that any cancellation or nonrenewal of the policy will
320 be reported by the insurer to the department. The notice must
321 also inform the named insured that failure to maintain personal
322 injury protection coverage and property damage liability
323 coverage on a motor vehicle when required by law may result in
324 the loss of registration and driving privileges in this state
325 and inform the named insured of the amount of the reinstatement
326 fees required by this section. This notice is for informational
327 purposes only, and an insurer is not civilly liable for failing
328 to provide this notice.
329 (2) The department shall suspend, after due notice and an
330 opportunity to be heard, the registration and driver's license
331 of any owner or registrant of a motor vehicle with respect to
332 which security is required under ss. 324.022 and 627.733 upon:
333 (a) The department's records showing that the owner or
334 registrant of such motor vehicle did not have in full force and
335 effect when required security that complies with the
336 requirements of ss. 324.022 and 627.733; or

337 (b) Notification by the insurer to the department, in a
338 form approved by the department, of cancellation or termination
339 of the required security.
340 (3) An operator or owner whose driver's license or
341 registration has been suspended under this section or s. 316.646
342 may effect its reinstatement upon compliance with the
343 requirements of this section and upon payment to the department
344 of a nonrefundable reinstatement fee of $150 for the first
345 reinstatement. The reinstatement fee is $250 for the second
346 reinstatement and $500 for each subsequent reinstatement during
347 the 3 years following the first reinstatement. A person
348 reinstating her or his insurance under this subsection must also
349 secure noncancelable coverage as described in ss. 324.021(8),
350 324.023, and 627.7275(2) and present to the appropriate person
351 proof that the coverage is in force on a form adopted by the
352 department, and such proof shall be maintained for 2 years. If
353 the person does not have a second reinstatement within 3 years
354 after her or his initial reinstatement, the reinstatement fee is
355 $150 for the first reinstatement after that 3-year period. If a
356 person's license and registration are suspended under this
357 section or s. 316.646, only one reinstatement fee must be paid
358 to reinstate the license and the registration. All fees shall be
359 collected by the department at the time of reinstatement. The
360 department shall issue proper receipts for such fees and shall
361 promptly deposit those fees in the Highway Safety Operating
362 Trust Fund. One-third of the fees collected under this
363 subsection shall be distributed from the Highway Safety
364 Operating Trust Fund to the local governmental entity or state

365 agency that employed the law enforcement officer seizing the
366 license plate pursuant to s. 324.201. The funds may be used by
367 the local governmental entity or state agency for any authorized
368 purpose.
369 Section 6. Section 627.7275, Florida Statutes, is amended
370 to read:
371 627.7275 Motor vehicle liability.--
372 (1) A motor vehicle insurance policy providing personal
373 injury protection as set forth in s. 627.736 may not be
374 delivered or issued for delivery in this state with respect to
375 any specifically insured or identified motor vehicle registered
376 or principally garaged in this state unless the policy also
377 provides coverage for property damage liability as required by
378 s. 324.022. in the amount of at least $10,000 because of damage
379 to, or destruction of, property of others in any one accident
380 arising out of the use of the motor vehicle or unless the policy
381 provides coverage in the amount of at least $30,000 for combined
382 property damage liability and bodily injury liability in any one
383 accident arising out of the use of the motor vehicle. The
384 policy, as to coverage of property damage liability, must meet
385 the applicable requirements of s. 324.151, subject to the usual
386 policy exclusions that have been approved in policy forms by the
387 office.
388 (2)(a) Insurers writing motor vehicle insurance in this
389 state shall make available, subject to the insurers' usual
390 underwriting restrictions:
391 1. Coverage under policies as described in subsection (1)
392 to any applicant for private passenger motor vehicle insurance

393 coverage who is seeking the coverage in order to reinstate the
394 applicant's driving privileges in this state when the driving
395 privileges were revoked or suspended pursuant to s. 316.646 or
396 <u>s. 324.0221</u> ~~s. 627.733~~ due to the failure of the applicant to
397 maintain required security.
398 2. Coverage under policies as described in subsection (1),
399 which also provides liability coverage for bodily injury, death,
400 and property damage arising out of the ownership, maintenance,
401 or use of the motor vehicle in an amount not less than the
402 limits described in s. 324.021(7) and conforms to the
403 requirements of s. 324.151, to any applicant for private
404 passenger motor vehicle insurance coverage who is seeking the
405 coverage in order to reinstate the applicant's driving
406 privileges in this state after such privileges were revoked or
407 suspended under s. 316.193 or s. 322.26(2) for driving under the
408 influence.
409 (b) The policies described in paragraph (a) shall be
410 issued for a period of at least 6 months and as to the minimum
411 coverages required under this section shall not be cancelable by
412 the insured for any reason or by the insurer after a period not
413 to exceed 30 days during which the insurer must complete
414 underwriting of the policy. After the insurer has completed
415 underwriting the policy within the 30-day period, the insurer
416 shall notify the Department of Highway Safety and Motor Vehicles
417 that the policy is in full force and effect and the policy shall
418 not be cancelable for the remainder of the policy period. A
419 premium shall be collected and coverage shall be in effect for
420 the 30-day period during which the insurer is completing the

421 underwriting of the policy whether or not the person's driver
422 license, motor vehicle tag, and motor vehicle registration are
423 in effect. Once the noncancelable provisions of the policy
424 become effective, the coverage or risk shall not be changed
425 during the policy period and the premium shall be nonrefundable.
426 If, during the pendency of the 2-year proof of insurance period
427 required under s. 324.0221 ~~s. 627.733(7)~~ or during the 3-year
428 proof of financial responsibility required under s. 324.131,
429 whichever is applicable, the insured obtains additional coverage
430 or coverage for an additional risk or changes territories, the
431 insured must obtain a new 6-month noncancelable policy in
432 accordance with the provisions of this section. However, if the
433 insured must obtain a new 6-month policy and obtains the policy
434 from the same insurer, the policyholder shall receive credit on
435 the new policy for any premium paid on the previously issued
436 policy.
437 (c) This subsection controls to the extent of any conflict
438 with any other section.
439 (d) An insurer issuing a policy subject to this section
440 may cancel the policy if, during the policy term, the named
441 insured or any other operator, who resides in the same household
442 or customarily operates an automobile insured under the policy,
443 has his or her driver's license suspended or revoked.
444 (e) Nothing in this subsection requires an insurer to
445 offer a policy of insurance to an applicant if such offer would
446 be inconsistent with the insurer's underwriting guidelines and
447 procedures.
448 Section 7. Paragraph (a) of subsection (1) of section

449 627.7295, Florida Statutes, is amended to read:
450 627.7295 Motor vehicle insurance contracts.--
451 (1) As used in this section, the term:
452 (a) "Policy" means a motor vehicle insurance policy that
453 provides personal injury protection coverage, ~~and~~ property
454 damage liability coverage, or both.
455 Section 8. Notwithstanding the repeal of the Florida Motor
456 Vehicle No-Fault Law, which occurred on October 1, 2007, section
457 627.730, Florida Statutes, is revived and reenacted to read:
458 627.730 Florida Motor Vehicle No-Fault Law.--Sections
459 627.730-627.7405 may be cited and known as the "Florida Motor
460 Vehicle No-Fault Law."
461 Section 9. Notwithstanding the repeal of the Florida Motor
462 Vehicle No-Fault Law, which occurred on October 1, 2007, section
463 627.731, Florida Statutes, is revived and reenacted to read:
464 627.731 Purpose.--The purpose of ss. 627.730-627.7405 is
465 to provide for medical, surgical, funeral, and disability
466 insurance benefits without regard to fault, and to require motor
467 vehicle insurance securing such benefits, for motor vehicles
468 required to be registered in this state and, with respect to
469 motor vehicle accidents, a limitation on the right to claim
470 damages for pain, suffering, mental anguish, and inconvenience.
471 Section 10. Notwithstanding the repeal of the Florida
472 Motor Vehicle No-Fault Law, which occurred on October 1, 2007,
473 section 627.732, Florida Statutes, is revived and reenacted to
474 read:
475 627.732 Definitions.--As used in ss. 627.730-627.7405, the
476 term:

477 (1) "Broker" means any person not possessing a license
478 under chapter 395, chapter 400, chapter 429, chapter 458,
479 chapter 459, chapter 460, chapter 461, or chapter 641 who
480 charges or receives compensation for any use of medical
481 equipment and is not the 100-percent owner or the 100-percent
482 lessee of such equipment. For purposes of this section, such
483 owner or lessee may be an individual, a corporation, a
484 partnership, or any other entity and any of its 100-percent-
485 owned affiliates and subsidiaries. For purposes of this
486 subsection, the term "lessee" means a long-term lessee under a
487 capital or operating lease, but does not include a part-time
488 lessee. The term "broker" does not include a hospital or
489 physician management company whose medical equipment is
490 ancillary to the practices managed, a debt collection agency, or
491 an entity that has contracted with the insurer to obtain a
492 discounted rate for such services; nor does the term include a
493 management company that has contracted to provide general
494 management services for a licensed physician or health care
495 facility and whose compensation is not materially affected by
496 the usage or frequency of usage of medical equipment or an
497 entity that is 100-percent owned by one or more hospitals or
498 physicians. The term "broker" does not include a person or
499 entity that certifies, upon request of an insurer, that:
500 (a) It is a clinic licensed under ss. 400.990-400.995;
501 (b) It is a 100-percent owner of medical equipment; and
502 (c) The owner's only part-time lease of medical equipment
503 for personal injury protection patients is on a temporary basis
504 not to exceed 30 days in a 12-month period, and such lease is

505 solely for the purposes of necessary repair or maintenance of
506 the 100-percent-owned medical equipment or pending the arrival
507 and installation of the newly purchased or a replacement for the
508 100-percent-owned medical equipment, or for patients for whom,
509 because of physical size or claustrophobia, it is determined by
510 the medical director or clinical director to be medically
511 necessary that the test be performed in medical equipment that
512 is open-style. The leased medical equipment cannot be used by
513 patients who are not patients of the registered clinic for
514 medical treatment of services. Any person or entity making a
515 false certification under this subsection commits insurance
516 fraud as defined in s. 817.234. However, the 30-day period
517 provided in this paragraph may be extended for an additional 60
518 days as applicable to magnetic resonance imaging equipment if
519 the owner certifies that the extension otherwise complies with
520 this paragraph.
521 (2) "Medically necessary" refers to a medical service or
522 supply that a prudent physician would provide for the purpose of
523 preventing, diagnosing, or treating an illness, injury, disease,
524 or symptom in a manner that is:
525 (a) In accordance with generally accepted standards of
526 medical practice;
527 (b) Clinically appropriate in terms of type, frequency,
528 extent, site, and duration; and
529 (c) Not primarily for the convenience of the patient,
530 physician, or other health care provider.
531 (3) "Motor vehicle" means any self-propelled vehicle with
532 four or more wheels which is of a type both designed and

533 required to be licensed for use on the highways of this state
534 and any trailer or semitrailer designed for use with such
535 vehicle and includes:
536 (a) A "private passenger motor vehicle," which is any
537 motor vehicle which is a sedan, station wagon, or jeep-type
538 vehicle and, if not used primarily for occupational,
539 professional, or business purposes, a motor vehicle of the
540 pickup, panel, van, camper, or motor home type.
541 (b) A "commercial motor vehicle," which is any motor
542 vehicle which is not a private passenger motor vehicle.
543
544 The term "motor vehicle" does not include a mobile home or any
545 motor vehicle which is used in mass transit, other than public
546 school transportation, and designed to transport more than five
547 passengers exclusive of the operator of the motor vehicle and
548 which is owned by a municipality, a transit authority, or a
549 political subdivision of the state.
550 (4) "Named insured" means a person, usually the owner of a
551 vehicle, identified in a policy by name as the insured under the
552 policy.
553 (5) "Owner" means a person who holds the legal title to a
554 motor vehicle; or, in the event a motor vehicle is the subject
555 of a security agreement or lease with an option to purchase with
556 the debtor or lessee having the right to possession, then the
557 debtor or lessee shall be deemed the owner for the purposes of
558 ss. 627.730-627.7405.
559 (6) "Relative residing in the same household" means a
560 relative of any degree by blood or by marriage who usually makes

561 her or his home in the same family unit, whether or not
562 temporarily living elsewhere.
563 (7) "Certify" means to swear or attest to being true or
564 represented in writing.
565 (8) "Immediate personal supervision," as it relates to the
566 performance of medical services by nonphysicians not in a
567 hospital, means that an individual licensed to perform the
568 medical service or provide the medical supplies must be present
569 within the confines of the physical structure where the medical
570 services are performed or where the medical supplies are
571 provided such that the licensed individual can respond
572 immediately to any emergencies if needed.
573 (9) "Incident," with respect to services considered as
574 incident to a physician's professional service, for a physician
575 licensed under chapter 458, chapter 459, chapter 460, or chapter
576 461, if not furnished in a hospital, means such services must be
577 an integral, even if incidental, part of a covered physician's
578 service.
579 (10) "Knowingly" means that a person, with respect to
580 information, has actual knowledge of the information; acts in
581 deliberate ignorance of the truth or falsity of the information;
582 or acts in reckless disregard of the information, and proof of
583 specific intent to defraud is not required.
584 (11) "Lawful" or "lawfully" means in substantial
585 compliance with all relevant applicable criminal, civil, and
586 administrative requirements of state and federal law related to
587 the provision of medical services or treatment.
588 (12) "Hospital" means a facility that, at the time

589 services or treatment were rendered, was licensed under chapter
590 395.
591 (13) "Properly completed" means providing truthful,
592 substantially complete, and substantially accurate responses as
593 to all material elements to each applicable request for
594 information or statement by a means that may lawfully be
595 provided and that complies with this section, or as agreed by
596 the parties.
597 (14) "Upcoding" means an action that submits a billing
598 code that would result in payment greater in amount than would
599 be paid using a billing code that accurately describes the
600 services performed. The term does not include an otherwise
601 lawful bill by a magnetic resonance imaging facility, which
602 globally combines both technical and professional components, if
603 the amount of the global bill is not more than the components if
604 billed separately; however, payment of such a bill constitutes
605 payment in full for all components of such service.
606 (15) "Unbundling" means an action that submits a billing
607 code that is properly billed under one billing code, but that
608 has been separated into two or more billing codes, and would
609 result in payment greater in amount than would be paid using one
610 billing code.
611 Section 11. Notwithstanding the repeal of the Florida
612 Motor Vehicle No-Fault Law, which occurred on October 1, 2007,
613 section 627.733, Florida Statutes, is revived, reenacted, and
614 amended to read:
615 627.733 Required security.--
616 (1)(a) Every owner or registrant of a motor vehicle, other

617 than a motor vehicle used as a school bus as defined in s.
618 1006.25 or limousine, required to be registered and licensed in
619 this state shall maintain security as required by subsection (3)
620 in effect continuously throughout the registration or licensing
621 period.
622 (b) Every owner or registrant of a motor vehicle used as a
623 taxicab shall not be governed by paragraph (1)(a) but shall
624 maintain security as required under s. 324.032(1), and s.
625 627.737 shall not apply to any motor vehicle used as a taxicab.
626 (2) Every nonresident owner or registrant of a motor
627 vehicle which, whether operated or not, has been physically
628 present within this state for more than 90 days during the
629 preceding 365 days shall thereafter maintain security as defined
630 by subsection (3) in effect continuously throughout the period
631 such motor vehicle remains within this state.
632 (3) Such security shall be provided:
633 (a) By an insurance policy delivered or issued for
634 delivery in this state by an authorized or eligible motor
635 vehicle liability insurer which provides the benefits and
636 exemptions contained in ss. 627.730-627.7405. Any policy of
637 insurance represented or sold as providing the security required
638 hereunder shall be deemed to provide insurance for the payment
639 of the required benefits; or
640 (b) By any other method authorized by s. 324.031(2), (3),
641 or (4) and approved by the Department of Highway Safety and
642 Motor Vehicles as affording security equivalent to that afforded
643 by a policy of insurance or by self-insuring as authorized by s.
644 768.28(16). The person filing such security shall have all of

645 the obligations and rights of an insurer under ss. 627.730-
646 627.7405.
647 (4) An owner of a motor vehicle with respect to which
648 security is required by this section who fails to have such
649 security in effect at the time of an accident shall have no
650 immunity from tort liability, but shall be personally liable for
651 the payment of benefits under s. 627.736. With respect to such
652 benefits, such an owner shall have all of the rights and
653 obligations of an insurer under ss. 627.730-627.7405.
654 (5) In addition to other persons who are not required to
655 provide required security as required under this section and s.
656 324.022, the owner or registrant of a motor vehicle is exempt
657 from such requirements if she or he is a member of the United
658 States Armed Forces and is called to or on active duty outside
659 the United States in an emergency situation. The exemption
660 provided by this subsection applies only as long as the member
661 of the armed forces is on such active duty outside the United
662 States and applies only while the vehicle covered by the
663 security required by this section and s. 324.022 is not operated
664 by any person. Upon receipt of a written request by the insured
665 to whom the exemption provided in this subsection applies, the
666 insurer shall cancel the coverages and return any unearned
667 premium or suspend the security required by this section and s.
668 324.022. Notwithstanding s. 324.0221(2) subsection (6), the
669 Department of Highway Safety and Motor Vehicles may not suspend
670 the registration or operator's license of any owner or
671 registrant of a motor vehicle during the time she or he
672 qualifies for an exemption under this subsection. Any owner or

673 registrant of a motor vehicle who qualifies for an exemption
674 under this subsection shall immediately notify the department
675 prior to and at the end of the expiration of the exemption.
676 ~~(6) The Department of Highway Safety and Motor Vehicles~~
677 ~~shall suspend, after due notice and an opportunity to be heard,~~
678 ~~the registration and driver's license of any owner or registrant~~
679 ~~of a motor vehicle with respect to which security is required~~
680 ~~under this section and s. 324.022:~~
681 ~~(a) Upon its records showing that the owner or registrant~~
682 ~~of such motor vehicle did not have in full force and effect when~~
683 ~~required security complying with the terms of this section; or~~
684 ~~(b) Upon notification by the insurer to the Department of~~
685 ~~Highway Safety and Motor Vehicles, in a form approved by the~~
686 ~~department, of cancellation or termination of the required~~
687 ~~security.~~
688 ~~(7) Any operator or owner whose driver's license or~~
689 ~~registration has been suspended pursuant to this section or s.~~
690 ~~316.646 may effect its reinstatement upon compliance with the~~
691 ~~requirements of this section and upon payment to the Department~~
692 ~~of Highway Safety and Motor Vehicles of a nonrefundable~~
693 ~~reinstatement fee of $150 for the first reinstatement. Such~~
694 ~~reinstatement fee shall be $250 for the second reinstatement and~~
695 ~~$500 for each subsequent reinstatement during the 3 years~~
696 ~~following the first reinstatement. Any person reinstating her or~~
697 ~~his insurance under this subsection must also secure~~
698 ~~noncancelable coverage as described in ss. 324.021(8), 324.023,~~
699 ~~and 627.7275(2) and present to the appropriate person proof that~~
700 ~~the coverage is in force on a form promulgated by the Department~~

701 ~~of Highway Safety and Motor Vehicles, such proof to be~~
702 ~~maintained for 2 years. If the person does not have a second~~
703 ~~reinstatement within 3 years after her or his initial~~
704 ~~reinstatement, the reinstatement fee shall be $150 for the first~~
705 ~~reinstatement after that 3-year period. In the event that a~~
706 ~~person's license and registration are suspended pursuant to this~~
707 ~~section or s. 316.646, only one reinstatement fee shall be paid~~
708 ~~to reinstate the license and the registration. All fees shall be~~
709 ~~collected by the Department of Highway Safety and Motor Vehicles~~
710 ~~at the time of reinstatement. The Department of Highway Safety~~
711 ~~and Motor Vehicles shall issue proper receipts for such fees and~~
712 ~~shall promptly deposit those fees in the Highway Safety~~
713 ~~Operating Trust Fund. One-third of the fee collected under this~~
714 ~~subsection shall be distributed from the Highway Safety~~
715 ~~Operating Trust Fund to the local government entity or state~~
716 ~~agency which employed the law enforcement officer who seizes a~~
717 ~~license plate pursuant to s. 324.201. Such funds may be used by~~
718 ~~the local government entity or state agency for any authorized~~
719 ~~purpose.~~
720 Section 12. Notwithstanding the repeal of the Florida
721 Motor Vehicle No-Fault Law, which occurred on October 1, 2007,
722 section 627.734, Florida Statutes, is revived and reenacted to
723 read:
724 627.734 Proof of security; security requirements;
725 penalties.--
726 (1) The provisions of chapter 324 which pertain to the
727 method of giving and maintaining proof of financial
728 responsibility and which govern and define a motor vehicle

729 liability policy shall apply to filing and maintaining proof of
730 security required by ss. 627.730-627.7405.
731 (2) Any person who:
732 (a) Gives information required in a report or otherwise as
733 provided for in ss. 627.730-627.7405, knowing or having reason
734 to believe that such information is false;
735 (b) Forges or, without authority, signs any evidence of
736 proof of security; or
737 (c) Files, or offers for filing, any such evidence of
738 proof, knowing or having reason to believe that it is forged or
739 signed without authority,
740
741 is guilty of a misdemeanor of the first degree, punishable as
742 provided in s. 775.082 or s. 775.083.
743 Section 13. Notwithstanding the repeal of the Florida
744 Motor Vehicle No-Fault Law, which occurred on October 1, 2007,
745 section 627.736, Florida Statutes, is revived, reenacted, and
746 amended to read:
747 627.736 Required personal injury protection benefits;
748 exclusions; priority; claims.--
749 (1) REQUIRED BENEFITS.--Every insurance policy complying
750 with the security requirements of s. 627.733 shall provide
751 personal injury protection to the named insured, relatives
752 residing in the same household, persons operating the insured
753 motor vehicle, passengers in such motor vehicle, and other
754 persons struck by such motor vehicle and suffering bodily injury
755 while not an occupant of a self-propelled vehicle, subject to
756 the provisions of subsection (2) and paragraph (4)(d), to a

757 limit of $10,000 for loss sustained by any such person as a
758 result of bodily injury, sickness, disease, or death arising out
759 of the ownership, maintenance, or use of a motor vehicle as
760 follows:
761 (a) Medical benefits.--Eighty percent of all reasonable
762 expenses for medically necessary medical, surgical, X-ray,
763 dental, and rehabilitative services, including prosthetic
764 devices, and medically necessary ambulance, hospital, and
765 nursing services. Such benefits shall also include necessary
766 remedial treatment and services recognized and permitted under
767 the laws of the state for an injured person who relies upon
768 spiritual means through prayer alone for healing, in accordance
769 with his or her religious beliefs; however, this sentence does
770 not affect the determination of what other services or
771 procedures are medically necessary.
772 (b) Disability benefits.--Sixty percent of any loss of
773 gross income and loss of earning capacity per individual from
774 inability to work proximately caused by the injury sustained by
775 the injured person, plus all expenses reasonably incurred in
776 obtaining from others ordinary and necessary services in lieu of
777 those that, but for the injury, the injured person would have
778 performed without income for the benefit of his or her
779 household. All disability benefits payable under this provision
780 shall be paid not less than every 2 weeks.
781 (c) Death benefits.--Death benefits of $5,000 per
782 individual. The insurer may pay such benefits to the executor
783 or administrator of the deceased, to any of the deceased's
784 relatives by blood or legal adoption or connection by marriage,

785 or to any person appearing to the insurer to be equitably
786 entitled thereto.
787
788 Only insurers writing motor vehicle liability insurance in this
789 state may provide the required benefits of this section, and no
790 such insurer shall require the purchase of any other motor
791 vehicle coverage other than the purchase of property damage
792 liability coverage as required by s. 627.7275 as a condition for
793 providing such required benefits. Insurers may not require that
794 property damage liability insurance in an amount greater than
795 $10,000 be purchased in conjunction with personal injury
796 protection. Such insurers shall make benefits and required
797 property damage liability insurance coverage available through
798 normal marketing channels. Any insurer writing motor vehicle
799 liability insurance in this state who fails to comply with such
800 availability requirement as a general business practice shall be
801 deemed to have violated part IX of chapter 626, and such
802 violation shall constitute an unfair method of competition or an
803 unfair or deceptive act or practice involving the business of
804 insurance; and any such insurer committing such violation shall
805 be subject to the penalties afforded in such part, as well as
806 those which may be afforded elsewhere in the insurance code.
807 (2) AUTHORIZED EXCLUSIONS.--Any insurer may exclude
808 benefits:
809 (a) For injury sustained by the named insured and
810 relatives residing in the same household while occupying another
811 motor vehicle owned by the named insured and not insured under
812 the policy or for injury sustained by any person operating the

813 insured motor vehicle without the express or implied consent of
814 the insured.
815 (b) To any injured person, if such person's conduct
816 contributed to his or her injury under any of the following
817 circumstances:
818 1. Causing injury to himself or herself intentionally; or
819 2. Being injured while committing a felony.
820
821 Whenever an insured is charged with conduct as set forth in
822 subparagraph 2., the 30-day payment provision of paragraph
823 (4)(b) shall be held in abeyance, and the insurer shall withhold
824 payment of any personal injury protection benefits pending the
825 outcome of the case at the trial level. If the charge is nolle
826 prossed or dismissed or the insured is acquitted, the 30-day
827 payment provision shall run from the date the insurer is
828 notified of such action.
829 (3) INSURED'S RIGHTS TO RECOVERY OF SPECIAL DAMAGES IN
830 TORT CLAIMS.--No insurer shall have a lien on any recovery in
831 tort by judgment, settlement, or otherwise for personal injury
832 protection benefits, whether suit has been filed or settlement
833 has been reached without suit. An injured party who is entitled
834 to bring suit under the provisions of ss. 627.730-627.7405, or
835 his or her legal representative, shall have no right to recover
836 any damages for which personal injury protection benefits are
837 paid or payable. The plaintiff may prove all of his or her
838 special damages notwithstanding this limitation, but if special
839 damages are introduced in evidence, the trier of facts, whether
840 judge or jury, shall not award damages for personal injury

841 protection benefits paid or payable. In all cases in which a
842 jury is required to fix damages, the court shall instruct the
843 jury that the plaintiff shall not recover such special damages
844 for personal injury protection benefits paid or payable.
845 (4) BENEFITS; WHEN DUE.--Benefits due from an insurer
846 under ss. 627.730-627.7405 shall be primary, except that
847 benefits received under any workers' compensation law shall be
848 credited against the benefits provided by subsection (1) and
849 shall be due and payable as loss accrues, upon receipt of
850 reasonable proof of such loss and the amount of expenses and
851 loss incurred which are covered by the policy issued under ss.
852 627.730-627.7405. When the Agency for Health Care Administration
853 provides, pays, or becomes liable for medical assistance under
854 the Medicaid program related to injury, sickness, disease, or
855 death arising out of the ownership, maintenance, or use of a
856 motor vehicle, benefits under ss. 627.730-627.7405 shall be
857 subject to the provisions of the Medicaid program.
858 (a) An insurer may require written notice to be given as
859 soon as practicable after an accident involving a motor vehicle
860 with respect to which the policy affords the security required
861 by ss. 627.730-627.7405.
862 (b) Personal injury protection insurance benefits paid
863 pursuant to this section shall be overdue if not paid within 30
864 days after the insurer is furnished written notice of the fact
865 of a covered loss and of the amount of same. If such written
866 notice is not furnished to the insurer as to the entire claim,
867 any partial amount supported by written notice is overdue if not
868 paid within 30 days after such written notice is furnished to

869 the insurer. Any part or all of the remainder of the claim that
870 is subsequently supported by written notice is overdue if not
871 paid within 30 days after such written notice is furnished to
872 the insurer. When an insurer pays only a portion of a claim or
873 rejects a claim, the insurer shall provide at the time of the
874 partial payment or rejection an itemized specification of each
875 item that the insurer had reduced, omitted, or declined to pay
876 and any information that the insurer desires the claimant to
877 consider related to the medical necessity of the denied
878 treatment or to explain the reasonableness of the reduced
879 charge, provided that this shall not limit the introduction of
880 evidence at trial; and the insurer shall include the name and
881 address of the person to whom the claimant should respond and a
882 claim number to be referenced in future correspondence. However,
883 notwithstanding the fact that written notice has been furnished
884 to the insurer, any payment shall not be deemed overdue when the
885 insurer has reasonable proof to establish that the insurer is
886 not responsible for the payment. For the purpose of calculating
887 the extent to which any benefits are overdue, payment shall be
888 treated as being made on the date a draft or other valid
889 instrument which is equivalent to payment was placed in the
890 United States mail in a properly addressed, postpaid envelope
891 or, if not so posted, on the date of delivery. This paragraph
892 does not preclude or limit the ability of the insurer to assert
893 that the claim was unrelated, was not medically necessary, or
894 was unreasonable or that the amount of the charge was in excess
895 of that permitted under, or in violation of, subsection (5).
896 Such assertion by the insurer may be made at any time, including

897 after payment of the claim or after the 30-day time period for
898 payment set forth in this paragraph.
899 (c) All overdue payments shall bear simple interest at the
900 rate established under s. 55.03 or the rate established in the
901 insurance contract, whichever is greater, for the year in which
902 the payment became overdue, calculated from the date the insurer
903 was furnished with written notice of the amount of covered loss.
904 Interest shall be due at the time payment of the overdue claim
905 is made.
906 (d) The insurer of the owner of a motor vehicle shall pay
907 personal injury protection benefits for:
908 1. Accidental bodily injury sustained in this state by the
909 owner while occupying a motor vehicle, or while not an occupant
910 of a self-propelled vehicle if the injury is caused by physical
911 contact with a motor vehicle.
912 2. Accidental bodily injury sustained outside this state,
913 but within the United States of America or its territories or
914 possessions or Canada, by the owner while occupying the owner's
915 motor vehicle.
916 3. Accidental bodily injury sustained by a relative of the
917 owner residing in the same household, under the circumstances
918 described in subparagraph 1. or subparagraph 2., provided the
919 relative at the time of the accident is domiciled in the owner's
920 household and is not himself or herself the owner of a motor
921 vehicle with respect to which security is required under ss.
922 627.730-627.7405.
923 4. Accidental bodily injury sustained in this state by any
924 other person while occupying the owner's motor vehicle or, if a

925 resident of this state, while not an occupant of a self-
926 propelled vehicle, if the injury is caused by physical contact
927 with such motor vehicle, provided the injured person is not
928 himself or herself:
929 a. The owner of a motor vehicle with respect to which
930 security is required under ss. 627.730-627.7405; or
931 b. Entitled to personal injury benefits from the insurer
932 of the owner or owners of such a motor vehicle.
933 (e) If two or more insurers are liable to pay personal
934 injury protection benefits for the same injury to any one
935 person, the maximum payable shall be as specified in subsection
936 (1), and any insurer paying the benefits shall be entitled to
937 recover from each of the other insurers an equitable pro rata
938 share of the benefits paid and expenses incurred in processing
939 the claim.
940 (f) It is a violation of the insurance code for an insurer
941 to fail to timely provide benefits as required by this section
942 with such frequency as to constitute a general business
943 practice.
944 (g) Benefits shall not be due or payable to or on the
945 behalf of an insured person if that person has committed, by a
946 material act or omission, any insurance fraud relating to
947 personal injury protection coverage under his or her policy, if
948 the fraud is admitted to in a sworn statement by the insured or
949 if it is established in a court of competent jurisdiction. Any
950 insurance fraud shall void all coverage arising from the claim
951 related to such fraud under the personal injury protection
952 coverage of the insured person who committed the fraud,

953 irrespective of whether a portion of the insured person's claim
954 may be legitimate, and any benefits paid prior to the discovery
955 of the insured person's insurance fraud shall be recoverable by
956 the insurer from the person who committed insurance fraud in
957 their entirety. The prevailing party is entitled to its costs
958 and attorney's fees in any action in which it prevails in an
959 insurer's action to enforce its right of recovery under this
960 paragraph.
961 (5) CHARGES FOR TREATMENT OF INJURED PERSONS.--
962 (a) Any physician, hospital, clinic, or other person or
963 institution lawfully rendering treatment to an injured person
964 for a bodily injury covered by personal injury protection
965 insurance may charge the insurer and injured party only a
966 reasonable amount pursuant to this section for the services and
967 supplies rendered, and the insurer providing such coverage may
968 pay for such charges directly to such person or institution
969 lawfully rendering such treatment, if the insured receiving such
970 treatment or his or her guardian has countersigned the properly
971 completed invoice, bill, or claim form approved by the office
972 upon which such charges are to be paid for as having actually
973 been rendered, to the best knowledge of the insured or his or
974 her guardian. In no event, however, may such a charge be in
975 excess of the amount the person or institution customarily
976 charges for like services or supplies. With respect to a
977 determination of whether a charge for a particular service,
978 treatment, or otherwise is reasonable, consideration may be
979 given to evidence of usual and customary charges and payments
980 accepted by the provider involved in the dispute, and

981 reimbursement levels in the community and various federal and
982 state medical fee schedules applicable to automobile and other
983 insurance coverages, and other information relevant to the
984 reasonableness of the reimbursement for the service, treatment,
985 or supply.
986 (b)1. An insurer or insured is not required to pay a claim
987 or charges:
988 a. Made by a broker or by a person making a claim on
989 behalf of a broker;
990 b. For any service or treatment that was not lawful at the
991 time rendered;
992 c. To any person who knowingly submits a false or
993 misleading statement relating to the claim or charges;
994 d. With respect to a bill or statement that does not
995 substantially meet the applicable requirements of paragraph (d);
996 e. For any treatment or service that is upcoded, or that
997 is unbundled when such treatment or services should be bundled,
998 in accordance with paragraph (d). To facilitate prompt payment
999 of lawful services, an insurer may change codes that it
1000 determines to have been improperly or incorrectly upcoded or
1001 unbundled, and may make payment based on the changed codes,
1002 without affecting the right of the provider to dispute the
1003 change by the insurer, provided that before doing so, the
1004 insurer must contact the health care provider and discuss the
1005 reasons for the insurer's change and the health care provider's
1006 reason for the coding, or make a reasonable good faith effort to
1007 do so, as documented in the insurer's file; and
1008 f. For medical services or treatment billed by a physician

1009 and not provided in a hospital unless such services are rendered
1010 by the physician or are incident to his or her professional
1011 services and are included on the physician's bill, including
1012 documentation verifying that the physician is responsible for
1013 the medical services that were rendered and billed.
1014 2. Charges for medically necessary cephalic thermograms,
1015 peripheral thermograms, spinal ultrasounds, extremity
1016 ultrasounds, video fluoroscopy, and surface electromyography
1017 shall not exceed the maximum reimbursement allowance for such
1018 procedures as set forth in the applicable fee schedule or other
1019 payment methodology established pursuant to s. 440.13.
1020 3. Allowable amounts that may be charged to a personal
1021 injury protection insurance insurer and insured for medically
1022 necessary nerve conduction testing when done in conjunction with
1023 a needle electromyography procedure and both are performed and
1024 billed solely by a physician licensed under chapter 458, chapter
1025 459, chapter 460, or chapter 461 who is also certified by the
1026 American Board of Electrodiagnostic Medicine or by a board
1027 recognized by the American Board of Medical Specialties or the
1028 American Osteopathic Association or who holds diplomate status
1029 with the American Chiropractic Neurology Board or its
1030 predecessors shall not exceed 200 percent of the allowable
1031 amount under the participating physician fee schedule of
1032 Medicare Part B for year 2001, for the area in which the
1033 treatment was rendered, adjusted annually on August 1 to reflect
1034 the prior calendar year's changes in the annual Medical Care
1035 Item of the Consumer Price Index for All Urban Consumers in the
1036 South Region as determined by the Bureau of Labor Statistics of

1037 the United States Department of Labor.
1038 4. Allowable amounts that may be charged to a personal
1039 injury protection insurance insurer and insured for medically
1040 necessary nerve conduction testing that does not meet the
1041 requirements of subparagraph 3. shall not exceed the applicable
1042 fee schedule or other payment methodology established pursuant
1043 to s. 440.13.
1044 5. Allowable amounts that may be charged to a personal
1045 injury protection insurance insurer and insured for magnetic
1046 resonance imaging services shall not exceed 175 percent of the
1047 allowable amount under the participating physician fee schedule
1048 of Medicare Part B for year 2001, for the area in which the
1049 treatment was rendered, adjusted annually on August 1 to reflect
1050 the prior calendar year's changes in the annual Medical Care
1051 Item of the Consumer Price Index for All Urban Consumers in the
1052 South Region as determined by the Bureau of Labor Statistics of
1053 the United States Department of Labor for the 12-month period
1054 ending June 30 of that year, except that allowable amounts that
1055 may be charged to a personal injury protection insurance insurer
1056 and insured for magnetic resonance imaging services provided in
1057 facilities accredited by the Accreditation Association for
1058 Ambulatory Health Care, the American College of Radiology, or
1059 the Joint Commission on Accreditation of Healthcare
1060 Organizations shall not exceed 200 percent of the allowable
1061 amount under the participating physician fee schedule of
1062 Medicare Part B for year 2001, for the area in which the
1063 treatment was rendered, adjusted annually on August 1 to reflect
1064 the prior calendar year's changes in the annual Medical Care

1065 Item of the Consumer Price Index for All Urban Consumers in the
1066 South Region as determined by the Bureau of Labor Statistics of
1067 the United States Department of Labor for the 12-month period
1068 ending June 30 of that year. This paragraph does not apply to
1069 charges for magnetic resonance imaging services and nerve
1070 conduction testing for inpatients and emergency services and
1071 care as defined in chapter 395 rendered by facilities licensed
1072 under chapter 395.
1073 6. The Department of Health, in consultation with the
1074 appropriate professional licensing boards, shall adopt, by rule,
1075 a list of diagnostic tests deemed not to be medically necessary
1076 for use in the treatment of persons sustaining bodily injury
1077 covered by personal injury protection benefits under this
1078 section. The initial list shall be adopted by January 1, 2004,
1079 and shall be revised from time to time as determined by the
1080 Department of Health, in consultation with the respective
1081 professional licensing boards. Inclusion of a test on the list
1082 of invalid diagnostic tests shall be based on lack of
1083 demonstrated medical value and a level of general acceptance by
1084 the relevant provider community and shall not be dependent for
1085 results entirely upon subjective patient response.
1086 Notwithstanding its inclusion on a fee schedule in this
1087 subsection, an insurer or insured is not required to pay any
1088 charges or reimburse claims for any invalid diagnostic test as
1089 determined by the Department of Health.
1090 (c)1. With respect to any treatment or service, other than
1091 medical services billed by a hospital or other provider for
1092 emergency services as defined in s. 395.002 or inpatient

1093 services rendered at a hospital-owned facility, the statement of
1094 charges must be furnished to the insurer by the provider and may
1095 not include, and the insurer is not required to pay, charges for
1096 treatment or services rendered more than 35 days before the
1097 postmark date of the statement, except for past due amounts
1098 previously billed on a timely basis under this paragraph, and
1099 except that, if the provider submits to the insurer a notice of
1100 initiation of treatment within 21 days after its first
1101 examination or treatment of the claimant, the statement may
1102 include charges for treatment or services rendered up to, but
1103 not more than, 75 days before the postmark date of the
1104 statement. The injured party is not liable for, and the provider
1105 shall not bill the injured party for, charges that are unpaid
1106 because of the provider's failure to comply with this paragraph.
1107 Any agreement requiring the injured person or insured to pay for
1108 such charges is unenforceable.
1109 2. If, however, the insured fails to furnish the provider
1110 with the correct name and address of the insured's personal
1111 injury protection insurer, the provider has 35 days from the
1112 date the provider obtains the correct information to furnish the
1113 insurer with a statement of the charges. The insurer is not
1114 required to pay for such charges unless the provider includes
1115 with the statement documentary evidence that was provided by the
1116 insured during the 35-day period demonstrating that the provider
1117 reasonably relied on erroneous information from the insured and
1118 either:
1119 a. A denial letter from the incorrect insurer; or
1120 b. Proof of mailing, which may include an affidavit under

1121 penalty of perjury, reflecting timely mailing to the incorrect
1122 address or insurer.
1123 3. For emergency services and care as defined in s.
1124 395.002 rendered in a hospital emergency department or for
1125 transport and treatment rendered by an ambulance provider
1126 licensed pursuant to part III of chapter 401, the provider is
1127 not required to furnish the statement of charges within the time
1128 periods established by this paragraph; and the insurer shall not
1129 be considered to have been furnished with notice of the amount
1130 of covered loss for purposes of paragraph (4)(b) until it
1131 receives a statement complying with paragraph (d), or copy
1132 thereof, which specifically identifies the place of service to
1133 be a hospital emergency department or an ambulance in accordance
1134 with billing standards recognized by the Health Care Finance
1135 Administration.
1136 4. Each notice of insured's rights under s. 627.7401 must
1137 include the following statement in type no smaller than 12
1138 points:
1139
1140 BILLING REQUIREMENTS.--Florida Statutes provide that with
1141 respect to any treatment or services, other than certain
1142 hospital and emergency services, the statement of charges
1143 furnished to the insurer by the provider may not include, and
1144 the insurer and the injured party are not required to pay,
1145 charges for treatment or services rendered more than 35 days
1146 before the postmark date of the statement, except for past due
1147 amounts previously billed on a timely basis, and except that, if
1148 the provider submits to the insurer a notice of initiation of

1149 treatment within 21 days after its first examination or
1150 treatment of the claimant, the statement may include charges for
1151 treatment or services rendered up to, but not more than, 75 days
1152 before the postmark date of the statement.
1153 (d) All statements and bills for medical services rendered
1154 by any physician, hospital, clinic, or other person or
1155 institution shall be submitted to the insurer on a properly
1156 completed Centers for Medicare and Medicaid Services (CMS) 1500
1157 form, UB 92 forms, or any other standard form approved by the
1158 office or adopted by the commission for purposes of this
1159 paragraph. All billings for such services rendered by providers
1160 shall, to the extent applicable, follow the Physicians' Current
1161 Procedural Terminology (CPT) or Healthcare Correct Procedural
1162 Coding System (HCPCS), or ICD-9 in effect for the year in which
1163 services are rendered and comply with the Centers for Medicare
1164 and Medicaid Services (CMS) 1500 form instructions and the
1165 American Medical Association Current Procedural Terminology
1166 (CPT) Editorial Panel and Healthcare Correct Procedural Coding
1167 System (HCPCS). All providers other than hospitals shall include
1168 on the applicable claim form the professional license number of
1169 the provider in the line or space provided for "Signature of
1170 Physician or Supplier, Including Degrees or Credentials." In
1171 determining compliance with applicable CPT and HCPCS coding,
1172 guidance shall be provided by the Physicians' Current Procedural
1173 Terminology (CPT) or the Healthcare Correct Procedural Coding
1174 System (HCPCS) in effect for the year in which services were
1175 rendered, the Office of the Inspector General (OIG), Physicians
1176 Compliance Guidelines, and other authoritative treatises

1177 designated by rule by the Agency for Health Care Administration.
1178 No statement of medical services may include charges for medical
1179 services of a person or entity that performed such services
1180 without possessing the valid licenses required to perform such
1181 services. For purposes of paragraph (4)(b), an insurer shall not
1182 be considered to have been furnished with notice of the amount
1183 of covered loss or medical bills due unless the statements or
1184 bills comply with this paragraph, and unless the statements or
1185 bills are properly completed in their entirety as to all
1186 material provisions, with all relevant information being
1187 provided therein.

1188 (e)1. At the initial treatment or service provided, each
1189 physician, other licensed professional, clinic, or other medical
1190 institution providing medical services upon which a claim for
1191 personal injury protection benefits is based shall require an
1192 insured person, or his or her guardian, to execute a disclosure
1193 and acknowledgment form, which reflects at a minimum that:

1194 a. The insured, or his or her guardian, must countersign
1195 the form attesting to the fact that the services set forth
1196 therein were actually rendered;

1197 b. The insured, or his or her guardian, has both the right
1198 and affirmative duty to confirm that the services were actually
1199 rendered;

1200 c. The insured, or his or her guardian, was not solicited
1201 by any person to seek any services from the medical provider;

1202 d. That the physician, other licensed professional,
1203 clinic, or other medical institution rendering services for
1204 which payment is being claimed explained the services to the

1205 insured or his or her guardian; and
1206 e. If the insured notifies the insurer in writing of a
1207 billing error, the insured may be entitled to a certain
1208 percentage of a reduction in the amounts paid by the insured's
1209 motor vehicle insurer.
1210 2. The physician, other licensed professional, clinic, or
1211 other medical institution rendering services for which payment
1212 is being claimed has the affirmative duty to explain the
1213 services rendered to the insured, or his or her guardian, so
1214 that the insured, or his or her guardian, countersigns the form
1215 with informed consent.
1216 3. Countersignature by the insured, or his or her
1217 guardian, is not required for the reading of diagnostic tests or
1218 other services that are of such a nature that they are not
1219 required to be performed in the presence of the insured.
1220 4. The licensed medical professional rendering treatment
1221 for which payment is being claimed must sign, by his or her own
1222 hand, the form complying with this paragraph.
1223 5. The original completed disclosure and acknowledgment
1224 form shall be furnished to the insurer pursuant to paragraph
1225 (4)(b) and may not be electronically furnished.
1226 6. This disclosure and acknowledgment form is not required
1227 for services billed by a provider for emergency services as
1228 defined in s. 395.002, for emergency services and care as
1229 defined in s. 395.002 rendered in a hospital emergency
1230 department, or for transport and treatment rendered by an
1231 ambulance provider licensed pursuant to part III of chapter 401.
1232 7. The Financial Services Commission shall adopt, by rule,

1233 a standard disclosure and acknowledgment form that shall be used
1234 to fulfill the requirements of this paragraph, effective 90 days
1235 after such form is adopted and becomes final. The commission
1236 shall adopt a proposed rule by October 1, 2003. Until the rule
1237 is final, the provider may use a form of its own which otherwise
1238 complies with the requirements of this paragraph.
1239 8. As used in this paragraph, "countersigned" means a
1240 second or verifying signature, as on a previously signed
1241 document, and is not satisfied by the statement "signature on
1242 file" or any similar statement.
1243 9. The requirements of this paragraph apply only with
1244 respect to the initial treatment or service of the insured by a
1245 provider. For subsequent treatments or service, the provider
1246 must maintain a patient log signed by the patient, in
1247 chronological order by date of service, that is consistent with
1248 the services being rendered to the patient as claimed. The
1249 requirements of this subparagraph for maintaining a patient log
1250 signed by the patient may be met by a hospital that maintains
1251 medical records as required by s. 395.3025 and applicable rules
1252 and makes such records available to the insurer upon request.
1253 (f) Upon written notification by any person, an insurer
1254 shall investigate any claim of improper billing by a physician
1255 or other medical provider. The insurer shall determine if the
1256 insured was properly billed for only those services and
1257 treatments that the insured actually received. If the insurer
1258 determines that the insured has been improperly billed, the
1259 insurer shall notify the insured, the person making the written
1260 notification and the provider of its findings and shall reduce

1261 the amount of payment to the provider by the amount determined
1262 to be improperly billed. If a reduction is made due to such
1263 written notification by any person, the insurer shall pay to the
1264 person 20 percent of the amount of the reduction, up to $500. If
1265 the provider is arrested due to the improper billing, then the
1266 insurer shall pay to the person 40 percent of the amount of the
1267 reduction, up to $500.
1268 (g) An insurer may not systematically downcode with the
1269 intent to deny reimbursement otherwise due. Such action
1270 constitutes a material misrepresentation under s.
1271 626.9541(1)(i)2.
1272 (6) DISCOVERY OF FACTS ABOUT AN INJURED PERSON;
1273 DISPUTES.--
1274 (a) Every employer shall, if a request is made by an
1275 insurer providing personal injury protection benefits under ss.
1276 627.730-627.7405 against whom a claim has been made, furnish
1277 forthwith, in a form approved by the office, a sworn statement
1278 of the earnings, since the time of the bodily injury and for a
1279 reasonable period before the injury, of the person upon whose
1280 injury the claim is based.
1281 (b) Every physician, hospital, clinic, or other medical
1282 institution providing, before or after bodily injury upon which
1283 a claim for personal injury protection insurance benefits is
1284 based, any products, services, or accommodations in relation to
1285 that or any other injury, or in relation to a condition claimed
1286 to be connected with that or any other injury, shall, if
1287 requested to do so by the insurer against whom the claim has
1288 been made, furnish forthwith a written report of the history,

1289 condition, treatment, dates, and costs of such treatment of the
1290 injured person and why the items identified by the insurer were
1291 reasonable in amount and medically necessary, together with a
1292 sworn statement that the treatment or services rendered were
1293 reasonable and necessary with respect to the bodily injury
1294 sustained and identifying which portion of the expenses for such
1295 treatment or services was incurred as a result of such bodily
1296 injury, and produce forthwith, and permit the inspection and
1297 copying of, his or her or its records regarding such history,
1298 condition, treatment, dates, and costs of treatment; provided
1299 that this shall not limit the introduction of evidence at trial.
1300 Such sworn statement shall read as follows: "Under penalty of
1301 perjury, I declare that I have read the foregoing, and the facts
1302 alleged are true, to the best of my knowledge and belief." No
1303 cause of action for violation of the physician-patient privilege
1304 or invasion of the right of privacy shall be permitted against
1305 any physician, hospital, clinic, or other medical institution
1306 complying with the provisions of this section. The person
1307 requesting such records and such sworn statement shall pay all
1308 reasonable costs connected therewith. If an insurer makes a
1309 written request for documentation or information under this
1310 paragraph within 30 days after having received notice of the
1311 amount of a covered loss under paragraph (4)(a), the amount or
1312 the partial amount which is the subject of the insurer's inquiry
1313 shall become overdue if the insurer does not pay in accordance
1314 with paragraph (4)(b) or within 10 days after the insurer's
1315 receipt of the requested documentation or information, whichever
1316 occurs later. For purposes of this paragraph, the term "receipt"

1317 includes, but is not limited to, inspection and copying pursuant
1318 to this paragraph. Any insurer that requests documentation or
1319 information pertaining to reasonableness of charges or medical
1320 necessity under this paragraph without a reasonable basis for
1321 such requests as a general business practice is engaging in an
1322 unfair trade practice under the insurance code.
1323 (c) In the event of any dispute regarding an insurer's
1324 right to discovery of facts under this section, the insurer may
1325 petition a court of competent jurisdiction to enter an order
1326 permitting such discovery. The order may be made only on motion
1327 for good cause shown and upon notice to all persons having an
1328 interest, and it shall specify the time, place, manner,
1329 conditions, and scope of the discovery. Such court may, in order
1330 to protect against annoyance, embarrassment, or oppression, as
1331 justice requires, enter an order refusing discovery or
1332 specifying conditions of discovery and may order payments of
1333 costs and expenses of the proceeding, including reasonable fees
1334 for the appearance of attorneys at the proceedings, as justice
1335 requires.
1336 (d) The injured person shall be furnished, upon request, a
1337 copy of all information obtained by the insurer under the
1338 provisions of this section, and shall pay a reasonable charge,
1339 if required by the insurer.
1340 (e) Notice to an insurer of the existence of a claim shall
1341 not be unreasonably withheld by an insured.
1342 (7) MENTAL AND PHYSICAL EXAMINATION OF INJURED PERSON;
1343 REPORTS.--
1344 (a) Whenever the mental or physical condition of an

1345 injured person covered by personal injury protection is material
1346 to any claim that has been or may be made for past or future
1347 personal injury protection insurance benefits, such person
1348 shall, upon the request of an insurer, submit to mental or
1349 physical examination by a physician or physicians. The costs of
1350 any examinations requested by an insurer shall be borne entirely
1351 by the insurer. Such examination shall be conducted within the
1352 municipality where the insured is receiving treatment, or in a
1353 location reasonably accessible to the insured, which, for
1354 purposes of this paragraph, means any location within the
1355 municipality in which the insured resides, or any location
1356 within 10 miles by road of the insured's residence, provided
1357 such location is within the county in which the insured resides.
1358 If the examination is to be conducted in a location reasonably
1359 accessible to the insured, and if there is no qualified
1360 physician to conduct the examination in a location reasonably
1361 accessible to the insured, then such examination shall be
1362 conducted in an area of the closest proximity to the insured's
1363 residence. Personal protection insurers are authorized to
1364 include reasonable provisions in personal injury protection
1365 insurance policies for mental and physical examination of those
1366 claiming personal injury protection insurance benefits. An
1367 insurer may not withdraw payment of a treating physician without
1368 the consent of the injured person covered by the personal injury
1369 protection, unless the insurer first obtains a valid report by a
1370 Florida physician licensed under the same chapter as the
1371 treating physician whose treatment authorization is sought to be
1372 withdrawn, stating that treatment was not reasonable, related,

1373 or necessary. A valid report is one that is prepared and signed
1374 by the physician examining the injured person or reviewing the
1375 treatment records of the injured person and is factually
1376 supported by the examination and treatment records if reviewed
1377 and that has not been modified by anyone other than the
1378 physician. The physician preparing the report must be in active
1379 practice, unless the physician is physically disabled. Active
1380 practice means that during the 3 years immediately preceding the
1381 date of the physical examination or review of the treatment
1382 records the physician must have devoted professional time to the
1383 active clinical practice of evaluation, diagnosis, or treatment
1384 of medical conditions or to the instruction of students in an
1385 accredited health professional school or accredited residency
1386 program or a clinical research program that is affiliated with
1387 an accredited health professional school or teaching hospital or
1388 accredited residency program. The physician preparing a report
1389 at the request of an insurer and physicians rendering expert
1390 opinions on behalf of persons claiming medical benefits for
1391 personal injury protection, or on behalf of an insured through
1392 an attorney or another entity, shall maintain, for at least 3
1393 years, copies of all examination reports as medical records and
1394 shall maintain, for at least 3 years, records of all payments
1395 for the examinations and reports. Neither an insurer nor any
1396 person acting at the direction of or on behalf of an insurer may
1397 materially change an opinion in a report prepared under this
1398 paragraph or direct the physician preparing the report to change
1399 such opinion. The denial of a payment as the result of such a
1400 changed opinion constitutes a material misrepresentation under

1401 s. 626.9541(1)(i)2.; however, this provision does not preclude
1402 the insurer from calling to the attention of the physician
1403 errors of fact in the report based upon information in the claim
1404 file.
1405 (b) If requested by the person examined, a party causing
1406 an examination to be made shall deliver to him or her a copy of
1407 every written report concerning the examination rendered by an
1408 examining physician, at least one of which reports must set out
1409 the examining physician's findings and conclusions in detail.
1410 After such request and delivery, the party causing the
1411 examination to be made is entitled, upon request, to receive
1412 from the person examined every written report available to him
1413 or her or his or her representative concerning any examination,
1414 previously or thereafter made, of the same mental or physical
1415 condition. By requesting and obtaining a report of the
1416 examination so ordered, or by taking the deposition of the
1417 examiner, the person examined waives any privilege he or she may
1418 have, in relation to the claim for benefits, regarding the
1419 testimony of every other person who has examined, or may
1420 thereafter examine, him or her in respect to the same mental or
1421 physical condition. If a person unreasonably refuses to submit
1422 to an examination, the personal injury protection carrier is no
1423 longer liable for subsequent personal injury protection
1424 benefits.
1425 (8) APPLICABILITY OF PROVISION REGULATING ATTORNEY'S
1426 FEES.--With respect to any dispute under the provisions of ss.
1427 627.730-627.7405 between the insured and the insurer, or between
1428 an assignee of an insured's rights and the insurer, the

1429 provisions of s. 627.428 shall apply, except as provided in
1430 subsection (10)~~(11)~~.
1431 ~~(9)(a) Each insurer which has issued a policy providing~~
1432 ~~personal injury protection benefits shall report the renewal,~~
1433 ~~cancellation, or nonrenewal thereof to the Department of Highway~~
1434 ~~Safety and Motor Vehicles within 45 days from the effective date~~
1435 ~~of the renewal, cancellation, or nonrenewal. Upon the issuance~~
1436 ~~of a policy providing personal injury protection benefits to a~~
1437 ~~named insured not previously insured by the insurer thereof~~
1438 ~~during that calendar year, the insurer shall report the issuance~~
1439 ~~of the new policy to the Department of Highway Safety and Motor~~
1440 ~~Vehicles within 30 days. The report shall be in such form and~~
1441 ~~format and contain such information as may be required by the~~
1442 ~~Department of Highway Safety and Motor Vehicles which shall~~
1443 ~~include a format compatible with the data processing~~
1444 ~~capabilities of said department, and the Department of Highway~~
1445 ~~Safety and Motor Vehicles is authorized to adopt rules necessary~~
1446 ~~with respect thereto. Failure by an insurer to file proper~~
1447 ~~reports with the Department of Highway Safety and Motor Vehicles~~
1448 ~~as required by this subsection or rules adopted with respect to~~
1449 ~~the requirements of this subsection constitutes a violation of~~
1450 ~~the Florida Insurance Code. Reports of cancellations and policy~~
1451 ~~renewals and reports of the issuance of new policies received by~~
1452 ~~the Department of Highway Safety and Motor Vehicles are~~
1453 ~~confidential and exempt from the provisions of s. 119.07(1).~~
1454 ~~These records are to be used for enforcement and regulatory~~
1455 ~~purposes only, including the generation by the department of~~
1456 ~~data regarding compliance by owners of motor vehicles with~~

1457 ~~financial responsibility coverage requirements. In addition, the~~
1458 ~~Department of Highway Safety and Motor Vehicles shall release,~~
1459 ~~upon a written request by a person involved in a motor vehicle~~
1460 ~~accident, by the person's attorney, or by a representative of~~
1461 ~~the person's motor vehicle insurer, the name of the insurance~~
1462 ~~company and the policy number for the policy covering the~~
1463 ~~vehicle named by the requesting party. The written request must~~
1464 ~~include a copy of the appropriate accident form as provided in~~
1465 ~~s. 316.065, s. 316.066, or s. 316.068.~~
1466 ~~(b) Every insurer with respect to each insurance policy~~
1467 ~~providing personal injury protection benefits shall notify the~~
1468 ~~named insured or in the case of a commercial fleet policy, the~~
1469 ~~first named insured in writing that any cancellation or~~
1470 ~~nonrenewal of the policy will be reported by the insurer to the~~
1471 ~~Department of Highway Safety and Motor Vehicles. The notice~~
1472 ~~shall also inform the named insured that failure to maintain~~
1473 ~~personal injury protection and property damage liability~~
1474 ~~insurance on a motor vehicle when required by law may result in~~
1475 ~~the loss of registration and driving privileges in this state,~~
1476 ~~and the notice shall inform the named insured of the amount of~~
1477 ~~the reinstatement fees required by s. 627.733(7). This notice~~
1478 ~~is for informational purposes only, and no civil liability shall~~
1479 ~~attach to an insurer due to failure to provide this notice.~~
1480 (9)~~(10)~~ An insurer may negotiate and enter into contracts
1481 with licensed health care providers for the benefits described
1482 in this section, referred to in this section as "preferred
1483 providers," which shall include health care providers licensed
1484 under chapters 458, 459, 460, 461, and 463. The insurer may

1485 provide an option to an insured to use a preferred provider at
1486 the time of purchase of the policy for personal injury
1487 protection benefits, if the requirements of this subsection are
1488 met. If the insured elects to use a provider who is not a
1489 preferred provider, whether the insured purchased a preferred
1490 provider policy or a nonpreferred provider policy, the medical
1491 benefits provided by the insurer shall be as required by this
1492 section. If the insured elects to use a provider who is a
1493 preferred provider, the insurer may pay medical benefits in
1494 excess of the benefits required by this section and may waive or
1495 lower the amount of any deductible that applies to such medical
1496 benefits. If the insurer offers a preferred provider policy to a
1497 policyholder or applicant, it must also offer a nonpreferred
1498 provider policy. The insurer shall provide each policyholder
1499 with a current roster of preferred providers in the county in
1500 which the insured resides at the time of purchase of such
1501 policy, and shall make such list available for public inspection
1502 during regular business hours at the principal office of the
1503 insurer within the state.
1504 (10) ~~(11)~~ DEMAND LETTER.--
1505 (a) As a condition precedent to filing any action for
1506 benefits under this section, the insurer must be provided with
1507 written notice of an intent to initiate litigation. Such notice
1508 may not be sent until the claim is overdue, including any
1509 additional time the insurer has to pay the claim pursuant to
1510 paragraph (4)(b).
1511 (b) The notice required shall state that it is a "demand
1512 letter under s. 627.736(10) ~~s. 627.736(11)~~" and shall state with

1513 specificity:
1514 1. The name of the insured upon which such benefits are
1515 being sought, including a copy of the assignment giving rights
1516 to the claimant if the claimant is not the insured.
1517 2. The claim number or policy number upon which such claim
1518 was originally submitted to the insurer.
1519 3. To the extent applicable, the name of any medical
1520 provider who rendered to an insured the treatment, services,
1521 accommodations, or supplies that form the basis of such claim;
1522 and an itemized statement specifying each exact amount, the date
1523 of treatment, service, or accommodation, and the type of benefit
1524 claimed to be due. A completed form satisfying the requirements
1525 of paragraph (5)(d) or the lost-wage statement previously
1526 submitted may be used as the itemized statement. To the extent
1527 that the demand involves an insurer's withdrawal of payment
1528 under paragraph (7)(a) for future treatment not yet rendered,
1529 the claimant shall attach a copy of the insurer's notice
1530 withdrawing such payment and an itemized statement of the type,
1531 frequency, and duration of future treatment claimed to be
1532 reasonable and medically necessary.
1533 (c) Each notice required by this subsection must be
1534 delivered to the insurer by United States certified or
1535 registered mail, return receipt requested. Such postal costs
1536 shall be reimbursed by the insurer if so requested by the
1537 claimant in the notice, when the insurer pays the claim. Such
1538 notice must be sent to the person and address specified by the
1539 insurer for the purposes of receiving notices under this
1540 subsection. Each licensed insurer, whether domestic, foreign, or

1541 alien, shall file with the office designation of the name and
1542 address of the person to whom notices pursuant to this
1543 subsection shall be sent which the office shall make available
1544 on its Internet website. The name and address on file with the
1545 office pursuant to s. 624.422 shall be deemed the authorized
1546 representative to accept notice pursuant to this subsection in
1547 the event no other designation has been made.
1548 (d) If, within 15 days after receipt of notice by the
1549 insurer, the overdue claim specified in the notice is paid by
1550 the insurer together with applicable interest and a penalty of
1551 10 percent of the overdue amount paid by the insurer, subject to
1552 a maximum penalty of $250, no action may be brought against the
1553 insurer. If the demand involves an insurer's withdrawal of
1554 payment under paragraph (7)(a) for future treatment not yet
1555 rendered, no action may be brought against the insurer if,
1556 within 15 days after its receipt of the notice, the insurer
1557 mails to the person filing the notice a written statement of the
1558 insurer's agreement to pay for such treatment in accordance with
1559 the notice and to pay a penalty of 10 percent, subject to a
1560 maximum penalty of $250, when it pays for such future treatment
1561 in accordance with the requirements of this section. To the
1562 extent the insurer determines not to pay any amount demanded,
1563 the penalty shall not be payable in any subsequent action. For
1564 purposes of this subsection, payment or the insurer's agreement
1565 shall be treated as being made on the date a draft or other
1566 valid instrument that is equivalent to payment, or the insurer's
1567 written statement of agreement, is placed in the United States
1568 mail in a properly addressed, postpaid envelope, or if not so

1569 posted, on the date of delivery. The insurer shall not be
1570 obligated to pay any attorney's fees if the insurer pays the
1571 claim or mails its agreement to pay for future treatment within
1572 the time prescribed by this subsection.
1573 (e) The applicable statute of limitation for an action
1574 under this section shall be tolled for a period of 15 business
1575 days by the mailing of the notice required by this subsection.
1576 (f) Any insurer making a general business practice of not
1577 paying valid claims until receipt of the notice required by this
1578 subsection is engaging in an unfair trade practice under the
1579 insurance code.
1580 (11)~~(12)~~ CIVIL ACTION FOR INSURANCE FRAUD.--An insurer
1581 shall have a cause of action against any person convicted of, or
1582 who, regardless of adjudication of guilt, pleads guilty or nolo
1583 contendere to insurance fraud under s. 817.234, patient
1584 brokering under s. 817.505, or kickbacks under s. 456.054,
1585 associated with a claim for personal injury protection benefits
1586 in accordance with this section. An insurer prevailing in an
1587 action brought under this subsection may recover compensatory,
1588 consequential, and punitive damages subject to the requirements
1589 and limitations of part II of chapter 768, and attorney's fees
1590 and costs incurred in litigating a cause of action against any
1591 person convicted of, or who, regardless of adjudication of
1592 guilt, pleads guilty or nolo contendere to insurance fraud under
1593 s. 817.234, patient brokering under s. 817.505, or kickbacks
1594 under s. 456.054, associated with a claim for personal injury
1595 protection benefits in accordance with this section.
1596 (12)~~(13)~~ MINIMUM BENEFIT COVERAGE.--If the Financial

1597 Services Commission determines that the cost savings under
1598 personal injury protection insurance benefits paid by insurers
1599 have been realized due to the provisions of this act, prior
1600 legislative reforms, or other factors, the commission may
1601 increase the minimum $10,000 benefit coverage requirement. In
1602 establishing the amount of such increase, the commission must
1603 determine that the additional premium for such coverage is
1604 approximately equal to the premium cost savings that have been
1605 realized for the personal injury protection coverage with limits
1606 of $10,000.
1607 (13) ~~(14)~~ FRAUD ADVISORY NOTICE.--Upon receiving notice of
1608 a claim under this section, an insurer shall provide a notice to
1609 the insured or to a person for whom a claim for reimbursement
1610 for diagnosis or treatment of injuries has been filed, advising
1611 that:
1612 (a) Pursuant to s. 626.9892, the Department of Financial
1613 Services may pay rewards of up to $25,000 to persons providing
1614 information leading to the arrest and conviction of persons
1615 committing crimes investigated by the Division of Insurance
1616 Fraud arising from violations of s. 440.105, s. 624.15, s.
1617 626.9541, s. 626.989, or s. 817.234.
1618 (b) Solicitation of a person injured in a motor vehicle
1619 crash for purposes of filing personal injury protection or tort
1620 claims could be a violation of s. 817.234, s. 817.505, or the
1621 rules regulating The Florida Bar and should be immediately
1622 reported to the Division of Insurance Fraud if such conduct has
1623 taken place.
1624 Section 14. Notwithstanding the repeal of the Florida

1625 Motor Vehicle No-Fault Law, which occurred on October 1, 2007,
1626 section 627.737, Florida Statutes, is revived and reenacted to
1627 read:
1628 627.737 Tort exemption; limitation on right to damages;
1629 punitive damages.--
1630 (1) Every owner, registrant, operator, or occupant of a
1631 motor vehicle with respect to which security has been provided
1632 as required by ss. 627.730-627.7405, and every person or
1633 organization legally responsible for her or his acts or
1634 omissions, is hereby exempted from tort liability for damages
1635 because of bodily injury, sickness, or disease arising out of
1636 the ownership, operation, maintenance, or use of such motor
1637 vehicle in this state to the extent that the benefits described
1638 in s. 627.736(1) are payable for such injury, or would be
1639 payable but for any exclusion authorized by ss. 627.730-
1640 627.7405, under any insurance policy or other method of security
1641 complying with the requirements of s. 627.733, or by an owner
1642 personally liable under s. 627.733 for the payment of such
1643 benefits, unless a person is entitled to maintain an action for
1644 pain, suffering, mental anguish, and inconvenience for such
1645 injury under the provisions of subsection (2).
1646 (2) In any action of tort brought against the owner,
1647 registrant, operator, or occupant of a motor vehicle with
1648 respect to which security has been provided as required by ss.
1649 627.730-627.7405, or against any person or organization legally
1650 responsible for her or his acts or omissions, a plaintiff may
1651 recover damages in tort for pain, suffering, mental anguish, and
1652 inconvenience because of bodily injury, sickness, or disease

1653 arising out of the ownership, maintenance, operation, or use of
1654 such motor vehicle only in the event that the injury or disease
1655 consists in whole or in part of:
1656 (a) Significant and permanent loss of an important bodily
1657 function.
1658 (b) Permanent injury within a reasonable degree of medical
1659 probability, other than scarring or disfigurement.
1660 (c) Significant and permanent scarring or disfigurement.
1661 (d) Death.
1662 (3) When a defendant, in a proceeding brought pursuant to
1663 ss. 627.730-627.7405, questions whether the plaintiff has met
1664 the requirements of subsection (2), then the defendant may file
1665 an appropriate motion with the court, and the court shall, on a
1666 one-time basis only, 30 days before the date set for the trial
1667 or the pretrial hearing, whichever is first, by examining the
1668 pleadings and the evidence before it, ascertain whether the
1669 plaintiff will be able to submit some evidence that the
1670 plaintiff will meet the requirements of subsection (2). If the
1671 court finds that the plaintiff will not be able to submit such
1672 evidence, then the court shall dismiss the plaintiff's claim
1673 without prejudice.
1674 (4) In any action brought against an automobile liability
1675 insurer for damages in excess of its policy limits, no claim for
1676 punitive damages shall be allowed.
1677 Section 15. Notwithstanding the repeal of the Florida
1678 Motor Vehicle No-Fault Law, which occurred on October 1, 2007,
1679 section 627.739, Florida Statutes, is revived and reenacted to
1680 read:

1681 627.739 Personal injury protection; optional limitations;
1682 deductibles.--
1683 (1) The named insured may elect a deductible or modified
1684 coverage or combination thereof to apply to the named insured
1685 alone or to the named insured and dependent relatives residing
1686 in the same household, but may not elect a deductible or
1687 modified coverage to apply to any other person covered under the
1688 policy.
1689 (2) Insurers shall offer to each applicant and to each
1690 policyholder, upon the renewal of an existing policy,
1691 deductibles, in amounts of $250, $500, and $1,000. The
1692 deductible amount must be applied to 100 percent of the expenses
1693 and losses described in s. 627.736. After the deductible is met,
1694 each insured is eligible to receive up to $10,000 in total
1695 benefits described in s. 627.736(1). However, this subsection
1696 shall not be applied to reduce the amount of any benefits
1697 received in accordance with s. 627.736(1)(c).
1698 (3) Insurers shall offer coverage wherein, at the election
1699 of the named insured, the benefits for loss of gross income and
1700 loss of earning capacity described in s. 627.736(1)(b) shall be
1701 excluded.
1702 (4) The named insured shall not be prevented from electing
1703 a deductible under subsection (2) and modified coverage under
1704 subsection (3). Each election made by the named insured under
1705 this section shall result in an appropriate reduction of premium
1706 associated with that election.
1707 (5) All such offers shall be made in clear and unambiguous
1708 language at the time the initial application is taken and prior

1709 to each annual renewal and shall indicate that a premium
1710 reduction will result from each election. At the option of the
1711 insurer, the requirements of the preceding sentence are met by
1712 using forms of notice approved by the office, or by providing
1713 the following notice in 10-point type in the insurer's
1714 application for initial issuance of a policy of motor vehicle
1715 insurance and the insurer's annual notice of renewal premium:
1716 For personal injury protection insurance, the named insured may
1717 elect a deductible and to exclude coverage for loss of gross
1718 income and loss of earning capacity ("lost wages"). These
1719 elections apply to the named insured alone, or to the named
1720 insured and all dependent resident relatives. A premium
1721 reduction will result from these elections. The named insured is
1722 hereby advised not to elect the lost wage exclusion if the named
1723 insured or dependent resident relatives are employed, since lost
1724 wages will not be payable in the event of an accident.
1725 Section 16. Notwithstanding the repeal of the Florida
1726 Motor Vehicle No-Fault Law, which occurred on October 1, 2007,
1727 section 627.7401, Florida Statutes, is revived and reenacted to
1728 read:
1729 627.7401 Notification of insured's rights.--
1730 (1) The commission, by rule, shall adopt a form for the
1731 notification of insureds of their right to receive personal
1732 injury protection benefits under the Florida Motor Vehicle No-
1733 Fault Law. Such notice shall include:
1734 (a) A description of the benefits provided by personal
1735 injury protection, including, but not limited to, the specific
1736 types of services for which medical benefits are paid,

1737 disability benefits, death benefits, significant exclusions from
1738 and limitations on personal injury protection benefits, when
1739 payments are due, how benefits are coordinated with other
1740 insurance benefits that the insured may have, penalties and
1741 interest that may be imposed on insurers for failure to make
1742 timely payments of benefits, and rights of parties regarding
1743 disputes as to benefits.
1744 (b) An advisory informing insureds that:
1745 1. Pursuant to s. 626.9892, the Department of Financial
1746 Services may pay rewards of up to $25,000 to persons providing
1747 information leading to the arrest and conviction of persons
1748 committing crimes investigated by the Division of Insurance
1749 Fraud arising from violations of s. 440.105, s. 624.15, s.
1750 626.9541, s. 626.989, or s. 817.234.
1751 2. Pursuant to s. 627.736(5)(e)1., if the insured notifies
1752 the insurer of a billing error, the insured may be entitled to a
1753 certain percentage of a reduction in the amount paid by the
1754 insured's motor vehicle insurer.
1755 (c) A notice that solicitation of a person injured in a
1756 motor vehicle crash for purposes of filing personal injury
1757 protection or tort claims could be a violation of s. 817.234, s
1758 817.505, or the rules regulating The Florida Bar and should be
1759 immediately reported to the Division of Insurance Fraud if such
1760 conduct has taken place.
1761 (2) Each insurer issuing a policy in this state providing
1762 personal injury protection benefits must mail or deliver the
1763 notice as specified in subsection (1) to an insured within 21
1764 days after receiving from the insured notice of an automobile

1765 accident or claim involving personal injury to an insured who is
1766 covered under the policy. The office may allow an insurer
1767 additional time to provide the notice specified in subsection
1768 (1) not to exceed 30 days, upon a showing by the insurer that an
1769 emergency justifies an extension of time.
1770 (3) The notice required by this section does not alter or
1771 modify the terms of the insurance contract or other requirements
1772 of this act.
1773 Section 17. Notwithstanding the repeal of the Florida
1774 Motor Vehicle No-Fault Law, which occurred on October 1, 2007,
1775 section 627.7403, Florida Statutes, is revived and reenacted to
1776 read:
1777 627.7403 Mandatory joinder of derivative claim.--In any
1778 action brought pursuant to the provisions of s. 627.737 claiming
1779 personal injuries, all claims arising out of the plaintiff's
1780 injuries, including all derivative claims, shall be brought
1781 together, unless good cause is shown why such claims should be
1782 brought separately.
1783 Section 18. Notwithstanding the repeal of the Florida
1784 Motor Vehicle No-Fault Law, which occurred on October 1, 2007,
1785 section 627.7405, Florida Statutes, is revived and reenacted to
1786 read:
1787 627.7405 Insurers' right of
1788 reimbursement.--Notwithstanding any other provisions of ss.
1789 627.730-627.7405, any insurer providing personal injury
1790 protection benefits on a private passenger motor vehicle shall
1791 have, to the extent of any personal injury protection benefits
1792 paid to any person as a benefit arising out of such private

1793 passenger motor vehicle insurance, a right of reimbursement
1794 against the owner or the insurer of the owner of a commercial
1795 motor vehicle, if the benefits paid result from such person
1796 having been an occupant of the commercial motor vehicle or
1797 having been struck by the commercial motor vehicle while not an
1798 occupant of any self-propelled vehicle.
1799 Section 19. This act revives and reenacts, with
1800 amendments, the Florida Motor Vehicle No-Fault Law, which
1801 expired by operation of law on October 1, 2007. This act is
1802 intended to be remedial and curative in nature and to minimize
1803 confusion concerning the changes made by this act to ss.
1804 627.730-627.7405, Florida Statutes. Therefore, the Florida Motor
1805 Vehicle No-Fault Law shall continue to be codified as ss.
1806 627.730-627.7405, Florida Statutes, notwithstanding the repeal
1807 of those sections contained in s. 19, chapter 2003-411, Laws of
1808 Florida.
1809 Section 20. Effective January 15, 2008, and applicable to
1810 policies issued or renewed on or after that date, paragraphs (a)
1811 and (c) of subsection (1), subsection (4), paragraphs (a) and
1812 (b) of subsection (5), subsection (8), and paragraphs (d) and
1813 (e) of subsection (10) of section 627.736, Florida Statutes, as
1814 reenacted and amended by this act, are amended, subsections
1815 (11), (12), and (13), as reenacted and amended by this act, are
1816 redesignated as subsections (12), (13), and (14), respectively,
1817 and a new subsection (11) and subsections (15) and (16) are
1818 added to that section, to read:
1819 627.736 Required personal injury protection benefits;
1820 exclusions; priority; claims.--

1821 (1) REQUIRED BENEFITS.--Every insurance policy complying
1822 with the security requirements of s. 627.733 shall provide
1823 personal injury protection to the named insured, relatives
1824 residing in the same household, persons operating the insured
1825 motor vehicle, passengers in such motor vehicle, and other
1826 persons struck by such motor vehicle and suffering bodily injury
1827 while not an occupant of a self-propelled vehicle, subject to
1828 the provisions of subsection (2) and paragraph (4)(d), to a
1829 limit of $10,000 for loss sustained by any such person as a
1830 result of bodily injury, sickness, disease, or death arising out
1831 of the ownership, maintenance, or use of a motor vehicle as
1832 follows:

1833 (a) Medical benefits.--Eighty percent of all reasonable
1834 expenses for medically necessary medical, surgical, X-ray,
1835 dental, and rehabilitative services, including prosthetic
1836 devices, and medically necessary ambulance, hospital, and
1837 nursing services. However, the medical benefits shall provide
1838 reimbursement only for such services and care that is provided,
1839 ordered, or prescribed by a physician licensed under chapter 458
1840 or chapter 459 or a dentist licensed under chapter 466 or that
1841 is provided by any of the following persons or entities:

1842 1. A chiropractic physician licensed under chapter 460.

1843 2. A hospital or ambulatory surgical center licensed under
1844 chapter 395.

1845 3. Emergency transportation and treatment by a person or
1846 entity licensed under ss. 401.2101-401.45.

1847 4. An entity wholly owned by one or more physicians
1848 licensed under chapter 458 or chapter 459, chiropractic

1849 physicians licensed under chapter 460, or dentists licensed
1850 under chapter 466, or by such practitioner or practitioners and
1851 the spouse, parent, child, or sibling of that practitioner or
1852 those practitioners.
1853 5. An entity wholly owned, directly or indirectly, by a
1854 hospital or hospitals.
1855 6. A health care clinic licensed pursuant to ss. 400.990-
1856 400.995 which is:
1857 a. Accredited by the Joint Commission on Accreditation of
1858 Healthcare Organizations, the American Osteopathic Association,
1859 the Commission on Accreditation of Rehabilitation Facilities, or
1860 the Accreditation Association for Ambulatory Health Care, Inc.;
1861 or
1862 b. A health care clinic that:
1863 (I) Has a medical director licensed under chapter 458,
1864 chapter 459, or chapter 460;
1865 (II) Has either been continuously licensed for more than 3
1866 years or is a publicly traded corporation that issues securities
1867 traded on an exchange registered with the United States
1868 Securities and Exchange Commission as a national securities
1869 exchange; and
1870 (III) Provides at least four of the following medical
1871 specialties:
1872 (A) General medicine.
1873 (B) Radiography.
1874 (C) Orthopedic medicine.
1875 (D) Physical medicine.
1876 (E) Physical therapy.

1877 (F) Physical rehabilitation.
1878 (G) Prescribing or dispensing outpatient prescription
1879 medication.
1880 (H) Laboratory services.
1881
1882 The Financial Services Commission shall adopt by rule the form
1883 that must be used by an insurer and a health care provider
1884 specified in subparagraph 4., subparagraph 5., or subparagraph
1885 6. to document that the health care provider meets the criteria
1886 of this paragraph, which rule must include a requirement for a
1887 sworn statement or affidavit. Such benefits shall also include
1888 necessary remedial treatment and services recognized and
1889 permitted under the laws of the state for an injured person who
1890 relies upon spiritual means through prayer alone for healing, in
1891 accordance with his or her religious beliefs; however, this
1892 sentence does not affect the determination of what other
1893 services or procedures are medically necessary.
1894 (c) Death benefits.--Death benefits equal to the lesser of
1895 $5,000 or the remainder of unused personal injury protection
1896 benefits per individual. The insurer may pay such benefits to
1897 the executor or administrator of the deceased, to any of the
1898 deceased's relatives by blood or legal adoption or connection by
1899 marriage, or to any person appearing to the insurer to be
1900 equitably entitled thereto.
1901
1902 Only insurers writing motor vehicle liability insurance in this
1903 state may provide the required benefits of this section, and no
1904 such insurer shall require the purchase of any other motor

1905 vehicle coverage other than the purchase of property damage
1906 liability coverage as required by s. 627.7275 as a condition for
1907 providing such required benefits. Insurers may not require that
1908 property damage liability insurance in an amount greater than
1909 $10,000 be purchased in conjunction with personal injury
1910 protection. Such insurers shall make benefits and required
1911 property damage liability insurance coverage available through
1912 normal marketing channels. Any insurer writing motor vehicle
1913 liability insurance in this state who fails to comply with such
1914 availability requirement as a general business practice shall be
1915 deemed to have violated part IX of chapter 626, and such
1916 violation shall constitute an unfair method of competition or an
1917 unfair or deceptive act or practice involving the business of
1918 insurance; and any such insurer committing such violation shall
1919 be subject to the penalties afforded in such part, as well as
1920 those which may be afforded elsewhere in the insurance code.
1921 (4) BENEFITS; WHEN DUE.--Benefits due from an insurer
1922 under ss. 627.730-627.7405 shall be primary, except that
1923 benefits received under any workers' compensation law shall be
1924 credited against the benefits provided by subsection (1) and
1925 shall be due and payable as loss accrues, upon receipt of
1926 reasonable proof of such loss and the amount of expenses and
1927 loss incurred which are covered by the policy issued under ss.
1928 627.730-627.7405. When the Agency for Health Care Administration
1929 provides, pays, or becomes liable for medical assistance under
1930 the Medicaid program related to injury, sickness, disease, or
1931 death arising out of the ownership, maintenance, or use of a
1932 motor vehicle, benefits under ss. 627.730-627.7405 shall be

1933 subject to the provisions of the Medicaid program.
1934 (a) An insurer may require written notice to be given as
1935 soon as practicable after an accident involving a motor vehicle
1936 with respect to which the policy affords the security required
1937 by ss. 627.730-627.7405.
1938 (b) Personal injury protection insurance benefits paid
1939 pursuant to this section shall be overdue if not paid within 30
1940 days after the insurer is furnished written notice of the fact
1941 of a covered loss and of the amount of same. If such written
1942 notice is not furnished to the insurer as to the entire claim,
1943 any partial amount supported by written notice is overdue if not
1944 paid within 30 days after such written notice is furnished to
1945 the insurer. Any part or all of the remainder of the claim that
1946 is subsequently supported by written notice is overdue if not
1947 paid within 30 days after such written notice is furnished to
1948 the insurer. When an insurer pays only a portion of a claim or
1949 rejects a claim, the insurer shall provide at the time of the
1950 partial payment or rejection an itemized specification of each
1951 item that the insurer had reduced, omitted, or declined to pay
1952 and any information that the insurer desires the claimant to
1953 consider related to the medical necessity of the denied
1954 treatment or to explain the reasonableness of the reduced
1955 charge, provided that this shall not limit the introduction of
1956 evidence at trial; and the insurer shall include the name and
1957 address of the person to whom the claimant should respond and a
1958 claim number to be referenced in future correspondence. However,
1959 notwithstanding the fact that written notice has been furnished
1960 to the insurer, any payment shall not be deemed overdue when the

1961 insurer has reasonable proof to establish that the insurer is
1962 not responsible for the payment. For the purpose of calculating
1963 the extent to which any benefits are overdue, payment shall be
1964 treated as being made on the date a draft or other valid
1965 instrument which is equivalent to payment was placed in the
1966 United States mail in a properly addressed, postpaid envelope
1967 or, if not so posted, on the date of delivery. This paragraph
1968 does not preclude or limit the ability of the insurer to assert
1969 that the claim was unrelated, was not medically necessary, or
1970 was unreasonable or that the amount of the charge was in excess
1971 of that permitted under, or in violation of, subsection (5).
1972 Such assertion by the insurer may be made at any time, including
1973 after payment of the claim or after the 30-day time period for
1974 payment set forth in this paragraph.
1975 (c) Upon receiving notice of an accident that is
1976 potentially covered by personal injury protection benefits, the
1977 insurer must reserve $5,000 of personal injury protection
1978 benefits for payment to physicians licensed under chapter 458 or
1979 chapter 459 who provide emergency services and care, as defined
1980 in s. 395.002(9), or who provide hospital inpatient care. The
1981 amount required to be held in reserve may be used only to pay
1982 claims from such physicians until 30 days after the date the
1983 insurer receives notice of the accident. After the 30-day
1984 period, any amount of the reserve for which the insurer has not
1985 received notice of a claim from a physician who provided
1986 emergency services and care or who provided hospital inpatient
1987 care may then be used by the insurer to pay other claims. The
1988 time periods specified in paragraph (b) for required payment of

1989 personal injury protection benefits shall be tolled for the
1990 period of time that an insurer is required by this paragraph to
1991 hold payment of a claim that is not from a physician who
1992 provided emergency services and care or who provided hospital
1993 inpatient care.
1994 (d)~~(c)~~ All overdue payments shall bear simple interest at
1995 the rate established under s. 55.03 or the rate established in
1996 the insurance contract, whichever is greater, for the year in
1997 which the payment became overdue, calculated from the date the
1998 insurer was furnished with written notice of the amount of
1999 covered loss. Interest shall be due at the time payment of the
2000 overdue claim is made.
2001 (e)~~(d)~~ The insurer of the owner of a motor vehicle shall
2002 pay personal injury protection benefits for:
2003 1. Accidental bodily injury sustained in this state by the
2004 owner while occupying a motor vehicle, or while not an occupant
2005 of a self-propelled vehicle if the injury is caused by physical
2006 contact with a motor vehicle.
2007 2. Accidental bodily injury sustained outside this state,
2008 but within the United States of America or its territories or
2009 possessions or Canada, by the owner while occupying the owner's
2010 motor vehicle.
2011 3. Accidental bodily injury sustained by a relative of the
2012 owner residing in the same household, under the circumstances
2013 described in subparagraph 1. or subparagraph 2., provided the
2014 relative at the time of the accident is domiciled in the owner's
2015 household and is not himself or herself the owner of a motor
2016 vehicle with respect to which security is required under ss.

2017 627.730-627.7405.

2018 4. Accidental bodily injury sustained in this state by any
2019 other person while occupying the owner's motor vehicle or, if a
2020 resident of this state, while not an occupant of a self-
2021 propelled vehicle, if the injury is caused by physical contact
2022 with such motor vehicle, provided the injured person is not
2023 himself or herself:

2024 a. The owner of a motor vehicle with respect to which
2025 security is required under ss. 627.730-627.7405; or

2026 b. Entitled to personal injury benefits from the insurer
2027 of the owner or owners of such a motor vehicle.

2028 (f)~~(e)~~ If two or more insurers are liable to pay personal
2029 injury protection benefits for the same injury to any one
2030 person, the maximum payable shall be as specified in subsection
2031 (1), and any insurer paying the benefits shall be entitled to
2032 recover from each of the other insurers an equitable pro rata
2033 share of the benefits paid and expenses incurred in processing
2034 the claim.

2035 (g)~~(f)~~ It is a violation of the insurance code for an
2036 insurer to fail to timely provide benefits as required by this
2037 section with such frequency as to constitute a general business
2038 practice.

2039 (h)~~(g)~~ Benefits shall not be due or payable to or on the
2040 behalf of an insured person if that person has committed, by a
2041 material act or omission, any insurance fraud relating to
2042 personal injury protection coverage under his or her policy, if
2043 the fraud is admitted to in a sworn statement by the insured or
2044 if it is established in a court of competent jurisdiction. Any

2045 insurance fraud shall void all coverage arising from the claim
2046 related to such fraud under the personal injury protection
2047 coverage of the insured person who committed the fraud,
2048 irrespective of whether a portion of the insured person's claim
2049 may be legitimate, and any benefits paid prior to the discovery
2050 of the insured person's insurance fraud shall be recoverable by
2051 the insurer from the person who committed insurance fraud in
2052 their entirety. The prevailing party is entitled to its costs
2053 and attorney's fees in any action in which it prevails in an
2054 insurer's action to enforce its right of recovery under this
2055 paragraph.
2056 (5) CHARGES FOR TREATMENT OF INJURED PERSONS.--
2057 (a)1. Any physician, hospital, clinic, or other person or
2058 institution lawfully rendering treatment to an injured person
2059 for a bodily injury covered by personal injury protection
2060 insurance may charge the insurer and injured party only a
2061 reasonable amount pursuant to this section for the services and
2062 supplies rendered, and the insurer providing such coverage may
2063 pay for such charges directly to such person or institution
2064 lawfully rendering such treatment, if the insured receiving such
2065 treatment or his or her guardian has countersigned the properly
2066 completed invoice, bill, or claim form approved by the office
2067 upon which such charges are to be paid for as having actually
2068 been rendered, to the best knowledge of the insured or his or
2069 her guardian. In no event, however, may such a charge be in
2070 excess of the amount the person or institution customarily
2071 charges for like services or supplies. With respect to a
2072 determination of whether a charge for a particular service,

2073 treatment, or otherwise is reasonable, consideration may be
2074 given to evidence of usual and customary charges and payments
2075 accepted by the provider involved in the dispute, and
2076 reimbursement levels in the community and various federal and
2077 state medical fee schedules applicable to automobile and other
2078 insurance coverages, and other information relevant to the
2079 reasonableness of the reimbursement for the service, treatment,
2080 or supply.
2081 2. The insurer may limit reimbursement to 80 percent of
2082 the following schedule of maximum charges:
2083 a. For emergency transport and treatment by providers
2084 licensed under chapter 401, 200 percent of Medicare.
2085 b. For emergency services and care provided by a hospital
2086 licensed under chapter 395, 75 percent of the hospital's usual
2087 and customary charges.
2088 c. For emergency services and care rendered by a physician
2089 and related hospital inpatient services rendered by a physician,
2090 the usual and customary charges in the community.
2091 d. For hospital inpatient services, other than emergency
2092 services and care, 200 percent of the Medicare Part A
2093 prospective payment applicable to the specific hospital
2094 providing the inpatient services.
2095 e. For hospital outpatient services, other than emergency
2096 services and care, 200 percent of the Medicare Part A Ambulatory
2097 Payment Classification for the specific hospital providing the
2098 outpatient services.
2099 f. For all other medical services, supplies, and care, 200
2100 percent of the applicable Medicare Part B fee schedule. However,

2101 if such services, supplies, or care are not reimbursable under
2102 Medicare Part B, the insurer may limit reimbursement to 80
2103 percent of the maximum reimbursable allowance under workers'
2104 compensation, as determined under s. 440.13 and rules adopted
2105 thereunder which are in effect at the time such services,
2106 supplies, or care are provided. Services, supplies, or care that
2107 are not reimbursable under Medicare or workers' compensation are
2108 not required to be reimbursed by the insurer.
2109 3. For purposes of subparagraph 2., the applicable fee
2110 schedule or payment limitation under Medicare is the fee
2111 schedule or payment limitation in effect at the time the
2112 services, supplies, or care were rendered and for the area in
2113 which such services were rendered.
2114 4. Subparagraph 2. does not allow the insurer to apply any
2115 limitation on the number of treatments or other utilization
2116 limits that apply under Medicare or workers' compensation. An
2117 insurer that applies the allowable payment limitations of
2118 subparagraph 2. must reimburse a provider who lawfully provided
2119 care or treatment under the scope of his or her license,
2120 regardless of whether such provider would be entitled to
2121 reimbursement under Medicare due to restrictions or limitations
2122 on the types or discipline of health care providers who may be
2123 reimbursed for particular procedures or procedure codes.
2124 5. If an insurer limits payment as authorized by
2125 subparagraph 2., the person providing such services, supplies,
2126 or care may not bill or attempt to collect from the insured any
2127 amount in excess of such limits, except for amounts that are not
2128 covered by the insured's personal injury protection coverage due

2129 to the coinsurance amount or maximum policy limits.
2130 (b)1. An insurer or insured is not required to pay a claim
2131 or charges:
2132 a. Made by a broker or by a person making a claim on
2133 behalf of a broker;
2134 b. For any service or treatment that was not lawful at the
2135 time rendered;
2136 c. To any person who knowingly submits a false or
2137 misleading statement relating to the claim or charges;
2138 d. With respect to a bill or statement that does not
2139 substantially meet the applicable requirements of paragraph (d);
2140 e. For any treatment or service that is upcoded, or that
2141 is unbundled when such treatment or services should be bundled,
2142 in accordance with paragraph (d). To facilitate prompt payment
2143 of lawful services, an insurer may change codes that it
2144 determines to have been improperly or incorrectly upcoded or
2145 unbundled, and may make payment based on the changed codes,
2146 without affecting the right of the provider to dispute the
2147 change by the insurer, provided that before doing so, the
2148 insurer must contact the health care provider and discuss the
2149 reasons for the insurer's change and the health care provider's
2150 reason for the coding, or make a reasonable good faith effort to
2151 do so, as documented in the insurer's file; and
2152 f. For medical services or treatment billed by a physician
2153 and not provided in a hospital unless such services are rendered
2154 by the physician or are incident to his or her professional
2155 services and are included on the physician's bill, including
2156 documentation verifying that the physician is responsible for

2157 the medical services that were rendered and billed.

2158 ~~2. Charges for medically necessary cephalic thermograms,~~
2159 ~~peripheral thermograms, spinal ultrasounds, extremity~~
2160 ~~ultrasounds, video fluoroscopy, and surface electromyography~~
2161 ~~shall not exceed the maximum reimbursement allowance for such~~
2162 ~~procedures as set forth in the applicable fee schedule or other~~
2163 ~~payment methodology established pursuant to s. 440.13.~~

2164 ~~3. Allowable amounts that may be charged to a personal~~
2165 ~~injury protection insurance insurer and insured for medically~~
2166 ~~necessary nerve conduction testing when done in conjunction with~~
2167 ~~a needle electromyography procedure and both are performed and~~
2168 ~~billed solely by a physician licensed under chapter 458, chapter~~
2169 ~~459, chapter 460, or chapter 461 who is also certified by the~~
2170 ~~American Board of Electrodiagnostic Medicine or by a board~~
2171 ~~recognized by the American Board of Medical Specialties or the~~
2172 ~~American Osteopathic Association or who holds diplomate status~~
2173 ~~with the American Chiropractic Neurology Board or its~~
2174 ~~predecessors shall not exceed 200 percent of the allowable~~
2175 ~~amount under the participating physician fee schedule of~~
2176 ~~Medicare Part B for year 2001, for the area in which the~~
2177 ~~treatment was rendered, adjusted annually on August 1 to reflect~~
2178 ~~the prior calendar year's changes in the annual Medical Care~~
2179 ~~Item of the Consumer Price Index for All Urban Consumers in the~~
2180 ~~South Region as determined by the Bureau of Labor Statistics of~~
2181 ~~the United States Department of Labor.~~

2182 ~~4. Allowable amounts that may be charged to a personal~~
2183 ~~injury protection insurance insurer and insured for medically~~
2184 ~~necessary nerve conduction testing that does not meet the~~

2185 ~~requirements of subparagraph 3. shall not exceed the applicable~~
2186 ~~fee schedule or other payment methodology established pursuant~~
2187 ~~to s. 440.13.~~
2188 ~~5. Allowable amounts that may be charged to a personal~~
2189 ~~injury protection insurance insurer and insured for magnetic~~
2190 ~~resonance imaging services shall not exceed 175 percent of the~~
2191 ~~allowable amount under the participating physician fee schedule~~
2192 ~~of Medicare Part B for year 2001, for the area in which the~~
2193 ~~treatment was rendered, adjusted annually on August 1 to reflect~~
2194 ~~the prior calendar year's changes in the annual Medical Care~~
2195 ~~Item of the Consumer Price Index for All Urban Consumers in the~~
2196 ~~South Region as determined by the Bureau of Labor Statistics of~~
2197 ~~the United States Department of Labor for the 12-month period~~
2198 ~~ending June 30 of that year, except that allowable amounts that~~
2199 ~~may be charged to a personal injury protection insurance insurer~~
2200 ~~and insured for magnetic resonance imaging services provided in~~
2201 ~~facilities accredited by the Accreditation Association for~~
2202 ~~Ambulatory Health Care, the American College of Radiology, or~~
2203 ~~the Joint Commission on Accreditation of Healthcare~~
2204 ~~Organizations shall not exceed 200 percent of the allowable~~
2205 ~~amount under the participating physician fee schedule of~~
2206 ~~Medicare Part B for year 2001, for the area in which the~~
2207 ~~treatment was rendered, adjusted annually on August 1 to reflect~~
2208 ~~the prior calendar year's changes in the annual Medical Care~~
2209 ~~Item of the Consumer Price Index for All Urban Consumers in the~~
2210 ~~South Region as determined by the Bureau of Labor Statistics of~~
2211 ~~the United States Department of Labor for the 12-month period~~
2212 ~~ending June 30 of that year. This paragraph does not apply to~~

2213 ~~charges for magnetic resonance imaging services and nerve~~
2214 ~~conduction testing for inpatients and emergency services and~~
2215 ~~care as defined in chapter 395 rendered by facilities licensed~~
2216 ~~under chapter 395.~~
2217 2.~~6.~~ The Department of Health, in consultation with the
2218 appropriate professional licensing boards, shall adopt, by rule,
2219 a list of diagnostic tests deemed not to be medically necessary
2220 for use in the treatment of persons sustaining bodily injury
2221 covered by personal injury protection benefits under this
2222 section. The initial list shall be adopted by January 1, 2004,
2223 and shall be revised from time to time as determined by the
2224 Department of Health, in consultation with the respective
2225 professional licensing boards. Inclusion of a test on the list
2226 of invalid diagnostic tests shall be based on lack of
2227 demonstrated medical value and a level of general acceptance by
2228 the relevant provider community and shall not be dependent for
2229 results entirely upon subjective patient response.
2230 Notwithstanding its inclusion on a fee schedule in this
2231 subsection, an insurer or insured is not required to pay any
2232 charges or reimburse claims for any invalid diagnostic test as
2233 determined by the Department of Health.
2234 (8) APPLICABILITY OF PROVISION REGULATING ATTORNEY'S
2235 FEES.--With respect to any dispute under the provisions of ss.
2236 627.730-627.7405 between the insured and the insurer, or between
2237 an assignee of an insured's rights and the insurer, the
2238 provisions of s. 627.428 shall apply, except as provided in
2239 subsections ~~subsection~~ (10) and (15).
2240 (10) DEMAND LETTER.--

2241 (d) If, within 30 ~~15~~ days after receipt of notice by the
2242 insurer, the overdue claim specified in the notice is paid by
2243 the insurer together with applicable interest and a penalty of
2244 10 percent of the overdue amount paid by the insurer, subject to
2245 a maximum penalty of $250, no action may be brought against the
2246 insurer. If the demand involves an insurer's withdrawal of
2247 payment under paragraph (7)(a) for future treatment not yet
2248 rendered, no action may be brought against the insurer if,
2249 within 30 ~~15~~ days after its receipt of the notice, the insurer
2250 mails to the person filing the notice a written statement of the
2251 insurer's agreement to pay for such treatment in accordance with
2252 the notice and to pay a penalty of 10 percent, subject to a
2253 maximum penalty of $250, when it pays for such future treatment
2254 in accordance with the requirements of this section. To the
2255 extent the insurer determines not to pay any amount demanded,
2256 the penalty shall not be payable in any subsequent action. For
2257 purposes of this subsection, payment or the insurer's agreement
2258 shall be treated as being made on the date a draft or other
2259 valid instrument that is equivalent to payment, or the insurer's
2260 written statement of agreement, is placed in the United States
2261 mail in a properly addressed, postpaid envelope, or if not so
2262 posted, on the date of delivery. The insurer is ~~shall~~ not ~~be~~
2263 obligated to pay any attorney's fees if the insurer pays the
2264 claim or mails its agreement to pay for future treatment within
2265 the time prescribed by this subsection.
2266 (e) The applicable statute of limitation for an action
2267 under this section shall be tolled for a period of 30 ~~15~~
2268 business days by the mailing of the notice required by this

2269 subsection.

2270 (11) FAILURE TO PAY VALID CLAIMS; UNFAIR OR DECEPTIVE
2271 PRACTICE.--

2272 (a) If an insurer fails to pay valid claims for personal
2273 injury protection with such frequency so as to indicate a
2274 general business practice, the insurer is engaging in a
2275 prohibited unfair or deceptive practice that is subject to the
2276 penalties provided in s. 626.9521 and the office has the powers
2277 and duties specified in ss. 626.9561-626.9601 with respect
2278 thereto.

2279 (b) Notwithstanding s. 501.212, the Department of Legal
2280 Affairs may investigate and initiate actions for a violation of
2281 this subsection, including, but not limited to, the powers and
2282 duties specified in part II of chapter 501.

2283 (15) ALL CLAIMS BROUGHT IN A SINGLE ACTION.--In any civil
2284 action to recover personal injury protection benefits brought by
2285 a claimant pursuant to this section against an insurer, all
2286 claims related to the same health care provider for the same
2287 injured person shall be brought in one action, unless good cause
2288 is shown why such claims should be brought separately. If the
2289 court determines that a civil action is filed for a claim that
2290 should have been brought in a prior civil action, the court may
2291 not award attorney's fees to the claimant.

2292 (16) SECURE ELECTRONIC DATA TRANSFER.--Any electronic
2293 notice, documentation, transmission, or communication of any
2294 kind required or authorized under ss. 627.730-627.7405 must be
2295 transmitted by secure electronic data transfer that is
2296 consistent with state and federal privacy and security laws.

2297 Section 21. Effective January 15, 2008, and applicable to
2298 policies issued or renewed on or after that date, section
2299 627.739, Florida Statutes, as reenacted by this act, is amended
2300 to read:
2301 627.739 Personal injury protection; optional limitations~~;~~
2302 ~~deductibles~~.--
2303 (1) The named insured may elect ~~a deductible or~~ modified
2304 coverage as specified in subsection (2) ~~or combination thereof~~
2305 to apply to the named insured alone or to the named insured and
2306 dependent relatives residing in the same household, but may not
2307 elect ~~a deductible or~~ modified coverage to apply to any other
2308 person covered under the policy.
2309 ~~(2) Insurers shall offer to each applicant and to each~~
2310 ~~policyholder, upon the renewal of an existing policy,~~
2311 ~~deductibles, in amounts of $250, $500, and $1,000. The~~
2312 ~~deductible amount must be applied to 100 percent of the expenses~~
2313 ~~and losses described in s. 627.736. After the deductible is met,~~
2314 ~~each insured is eligible to receive up to $10,000 in total~~
2315 ~~benefits described in s. 627.736(1). However, this subsection~~
2316 ~~shall not be applied to reduce the amount of any benefits~~
2317 ~~received in accordance with s. 627.736(1)(c).~~
2318 (2)~~(3)~~ Insurers shall offer coverage wherein, at the
2319 election of the named insured, the benefits for loss of gross
2320 income and loss of earning capacity described in s.
2321 627.736(1)(b) shall be excluded.
2322 (3)~~(4)~~ The named insured shall not be prevented from
2323 electing ~~a deductible under subsection (2) and~~ modified coverage
2324 under subsection (2) ~~(3)~~. Each election made by the named

2325 insured under this section shall result in an appropriate
2326 reduction of premium associated with that election.
2327 (4)~~(5)~~ ~~All~~ Such offer ~~offers~~ shall be made in clear and
2328 unambiguous language at the time the initial application is
2329 taken and prior to each annual renewal and shall indicate that a
2330 premium reduction will result from such ~~each~~ election. At the
2331 option of the insurer, the requirements of the preceding
2332 sentence are met by using forms of notice approved by the
2333 office, or by providing the following notice in 10-point type in
2334 the insurer's application for initial issuance of a policy of
2335 motor vehicle insurance and the insurer's annual notice of
2336 renewal premium:
2337 For personal injury protection insurance, the named insured may
2338 elect ~~a deductible and~~ to exclude coverage for loss of gross
2339 income and loss of earning capacity ("lost wages"). This
2340 election applies ~~These elections apply~~ to the named insured
2341 alone, or to the named insured and all dependent resident
2342 relatives. A premium reduction will result from this election
2343 ~~these elections~~. The named insured is hereby advised not to
2344 elect the lost wage exclusion if the named insured or dependent
2345 resident relatives are employed, since lost wages will not be
2346 payable in the event of an accident.
2347 Section 22. (1) The Legislature intends that the
2348 provisions of this act reviving and reenacting the Florida Motor
2349 Vehicle No-Fault Law apply to policies issued on or after the
2350 effective date of this act.
2351 (2) Each insurer that issued coverage for a motor vehicle
2352 that is subject to the Florida Motor Vehicle No-Fault Law shall,

2353 within 30 days after the effective date of this act, mail or
2354 deliver a revised notice of the premium and policy changes to
2355 each policyholder whose policy has an effective date on or after
2356 the effective date of this act and who was previously issued a
2357 motor vehicle insurance policy or sent a renewal notice based on
2358 the assumption that the Florida Motor Vehicle No-Fault Law would
2359 be repealed on October 1, 2007. For a renewal policy, the
2360 coverage must provide the same limits of personal injury
2361 protection coverage, the same deductible from personal injury
2362 protection coverage, and the same limits of medical payments
2363 coverage as provided in the prior policy, unless the
2364 policyholder elects different limits that are available. The
2365 effective date of the revised policy or renewal shall be the
2366 same as the effective date specified in the prior notice. The
2367 revised notice of premium and coverage changes are exempt from
2368 the requirements of ss. 627.7277, 627.728, and 627.7282, Florida
2369 Statutes. The policyholder has a period of 30 days, or a longer
2370 period if specified by the insurer, following receipt of the
2371 revised notice within which to pay any additional amount of
2372 premium due and thereby maintain the policy in force as
2373 specified in this section. Alternatively, the policyholder may
2374 cancel the policy within this time period and obtain a refund of
2375 the unearned premium. If the policyholder fails to timely
2376 respond to the notice, the insurer must cancel the policy and
2377 return any unearned premium to the insured. The date on which
2378 the policy will be canceled shall be stated in the notice and
2379 may not be less than 35 days after the date of the notice. The
2380 amount of unearned premium due to the policyholder shall be

2381 calculated on a pro rata basis. The failure of an insurer to
2382 timely mail or deliver a revised notice as required by this
2383 subsection does not affect the other requirements of this
2384 section.
2385 (3) With respect to a policy providing personal injury
2386 protection coverage having an effective date between the
2387 effective date of this act and January 14, 2008, inclusive, the
2388 insurer shall use the forms and rates it had in effect on
2389 September 30, 2007, for all coverages in that policy unless the
2390 insurer makes a new rate or form filing that is approved by the
2391 Office of Insurance Regulation or otherwise legally allowed.
2392 (4) The Legislature recognizes that some persons have been
2393 issued a motor vehicle insurance policy effective on or after
2394 October 1, 2007, and before the effective date of this act,
2395 which does not include personal injury protection, based upon
2396 the expected repeal of the Florida Motor Vehicle No-Fault Law on
2397 October 1, 2007, pursuant to s. 19, chapter 2003-411, Laws of
2398 Florida. Any such person:
2399 (a) May continue to own and operate a motor vehicle in
2400 this state without being subject to any sanction for failing to
2401 maintain personal injury protection coverage if that person
2402 continues to meet statutory requirements relating to property
2403 damage liability coverage and obtains personal injury protection
2404 coverage that takes effect no later than December 1, 2007.
2405 (b) Is not subject to the provisions of s. 627.737,
2406 Florida Statutes, relating to the exemption from tort liability
2407 with respect to injuries sustained by the person in a motor
2408 vehicle crash occurring while the policy without personal injury

2409 protection coverage is in effect but not later than November 30,
2410 2007. This paragraph also applies during such period to any
2411 person who would have been covered under a personal injury
2412 protection policy if such a policy had been maintained on such
2413 motor vehicle.
2414 (5) Each insurer shall, by October 31, 2007, provide
2415 written notification to each insured referred to in subsection
2416 (4) informing the insured that he or she must obtain personal
2417 injury protection coverage that takes effect no later than
2418 December 1, 2007. Such notice must include the premium for such
2419 coverage and the premium credit, if any, which will be provided
2420 for other coverage, such as bodily injury liability coverage or
2421 uninsured motorist coverage, as required by subsection (3).
2422 Alternatively, the insurer may add an endorsement to the policy
2423 to provide personal injury protection coverage as required by
2424 law, effective no later than December 1, 2007, without requiring
2425 any additional payment from the insured, and shall provide
2426 written notification to the insured of such endorsement by
2427 October 31, 2007.
2428 Section 23. Except as otherwise expressly provided in this
2429 act, this act shall take effect upon becoming a law.