

OIC Rules Coordinator

From: David Folweiler, DC, DACRB <drdave@folweiler.com>
Sent: Friday, August 1, 2025 7:36 AM
To: OIC Rules Coordinator
Cc: Lori Grassi
Subject: R2025-05 First Prepublication draft comment

External Email

Hello -

I am writing to comment on your proposed rule regarding the use of databases and surveys by property & casualty insurers to reduce reimbursements for PI claims.

I have been in practice for over 31 years. I have served as the class representative in several class action lawsuits against PIP carriers for their reductions of my fees.

I find the practice of reducing PIP reimbursements arbitrary and capricious.

The reductions in PIP reimbursement are based on a crude database with likely handpicked and curated data. When asked, the PIP carriers will not take into account:

- My years of experience (more than 31).
- My status as a Diplomate of the American Board of Chiropractic Rehabilitation.
- My extensive training in treating victims of motor vehicle crashes and rehabilitation.
- My practice location is in a high-expense major urban center.

I have asked, but never received, detailed information regarding the data used to reduce my bills, including the geographic region down to the five-digit zip code.

When reminded that RCW 48.22.005 (7) states “Medical and hospital benefits’ means payments for all reasonable and necessary expenses incurred by or on behalf of the insured for injuries sustained as a result of an automobile accident for health care services provided...”, the PIP carriers have no response.

When reminded again that WAC 284.30.330 (4) states that “refusing to pay claims without conducting a reasonable investigation” is “defined as unfair methods of competition and unfair or deceptive acts or practices of the insurer in the business of insurance, specifically applicable to the settlement of claims.”, the PIP carriers have no response.

Patients pay, and PIP carriers assiduously collect premium payments. Patients expect to enjoy the benefits promised in their policies.

It makes no sense to treat all providers and all treatment plans the same. Every patient is unique, and every provider is different in their training and the value they provide to the patient.

By not fully reimbursing providers for services provided, the financial burden of paying for services falls on patients and others. PIP carriers are shirking their duty to protect their insureds.

Thank you for taking the time to read my comments.

David Folweiler, DC, DACRB

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