

OIC Rules Coordinator

From: Corbin Family Chiropractic Team <corbinfrontdesk@gmail.com>
Sent: Thursday, August 7, 2025 9:03 PM
To: OIC Rules Coordinator
Subject: R2025-05 First Pre-publication Draft Comment

External Email

Ms. Kuderer
State Insurance Commissioner

I am writing to you because I am in a unique position. I am a provider to patients and my office is losing 20% payment for the work I do with no reason, and no explanation given by insurances such as Allstate.

I am also a patient following a car collision, and I have to pay 20% out of my pocket due to this rule change to allow a secret database that is not subject to public scrutiny to be used by Insurance Companies. Can it weather the scrutiny if brought to light?

My family and I were injured in a (second offense) DUI collision - through no fault of our own, resulting in our truck being totaled. We had no comparable vehicle available for the reimbursed price of our truck, and went without a second vehicle for 8-10 months. I have been unable to work the same hours I used to, due to the injury and needing doctor-care to be able to work. The cost to me now is 20% of the services I need to get well, paid out of my pocket which I cannot do currently.

What gave the Senate the thought to allow a database that has no check and balance to the people? It is unknown how it regulates information it collects, or how the data is compiled, or what locations were utilized in order to deem their decided price to pay: the "fair market value."

I believe you and I see things the same, when we have been given a great position, it comes with a great responsibility. I am writing to request full transparency on the FAIR Health database; and cease the actions of the Insurance Companies use of the database until a full evaluation can be made and placed to public comment.

We all are required to pay for auto insurance premiums that we hope we never have to use! When we do, it is often accompanied by hurdles that seem insurmountable.

Imagine experiencing this two sided coin, and still trying to bring hope to people hurting in a provider capacity. The patient, in a time of distress, as I can attest to, does not need additional healthcare costs to use what has already been financially invested in, our insurance.

Thank you for giving providers and patients a voice, though it may be smaller to the large companies that are trying to require payment, determine pay out, and regulate industry standards to their liking.

I would be available for any additional comment, in any capacity, to further the work of being the patient advocate. This is a work I stand by, and ask others to do so, as well.

Warm Regards,

Jennifer L. Corbin, DC