## **OIC Rules Coordinator**

From: Jennifer Dreessen <jennybacktoaction@gmail.com>

**Sent:** Wednesday, July 30, 2025 3:30 PM

**To:** OIC Rules Coordinator

Cc: Jerry Dreessen (backtoaction@mac.com)

Subject: R2025-05 First Prepublication draft comment.

## External Email

Hello,

I am an office manager and part owner of a small chiropractic office in Washington State. We rely on being paid for our services to pay our employees and ourselves.

Auto insurance companies are already using unfair tactics to not pay us fully for the services we provide for our patients.

Currently, they are sending claims to third parties who reprice the claims with discounts taken, claiming we are contracted with a group discount program. (We Are not.) Then we have to gather the claims and EOR forms and send them back, asking for them to be reprocessed and paid correctly. The explanations for taking the discount are often concealed in two or three layers of companies we have to call and get clarification on how to get it corrected, ie: the discount was processed by Triton. We call Triton. They say HNA said we were contracted. We call HNA. They say we have to send all the claims back for reprocessing.

PLEASE do not let them use yet another tool to not pay properly.

Patients pay premiums auto insurance and expect to be covered when they need care.

Will the insurance companies accept a discounted premium? I think not. Why should providers and patients be expected to accept a discounted payment?

The FAIR Health database use should not be allowed and at the very least should be made fully transparent.

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