

OIC Rules Coordinator

From: luther@convergenttherapies.com
Sent: Thursday, August 7, 2025 2:57 PM
To: OIC Rules Coordinator
Subject: R2025-05 First Prepublication draft comment

External Email

Dear OIC,

I'm writing to voice my opinion on how Auto Insurers are using a database that no one has access to to reduce their reimbursements for services and undercut for necessary treatments. Patients and providers like myself end up with the burden of either writing off these payments or making the patient pay the difference. Patients are under the assumption that their policies will cover all necessary treatments and when it doesn't, they are slapped with a bill that they didn't expect. This database the insurers are using needs to have full transparency. We need to know where they're getting their data from and how they're using it. If roles were reversed, we providers would be in violation of collusion. I don't see how this should be any different for the insurers. We don't know if these insurers are comparing the correct data. There are many instances where one provider will charge more because they are providing more service to the same coding. It's not the insurer's place to determine what a service is worth, just that the service was actually done. Why should I accept a less than fair pay for the service I provide? Then when I have to balance bill the patient, it causes resentment from the patient to me as their provider causing a disruption to the patient/doctor relation rather than blaming it on the insurer for the problem. This cannot be allowed to continue. We need to stop the unfair practices of these insurers that are making huge profit year-over-year at the expense of the patients who pay for their premiums.

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Regards,

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