

OIC Rules Coordinator

From: Micheal Clark <m.bclark@frontier.com>
Sent: Thursday, August 7, 2025 6:26 PM
To: OIC Rules Coordinator
Subject: R2025-05 First Prepublication draft comment

External Email

To Whom It May Concern,

I am writing to express serious concerns regarding recent trends in the handling of payments for medically necessary care following auto accidents. Specifically, I have seen a troubling and unexplained reduction in reimbursement rates—without any clear justification—while my patients are increasingly afraid to receive the treatment they need for fear of excessive out-of-pocket costs.

Patients are paying for insurance policies that promise support in times of injury and recovery. Unfortunately, those promises are not being upheld. Auto insurance carriers are increasingly relying on the FAIR Health database to determine reimbursement rates for treatment. However, this process lacks transparency, and the criteria used to evaluate and reduce payments are unclear to both providers and patients.

As a result:

- Necessary medical care is being delayed or denied, not based on clinical need, but on arbitrary reimbursement decisions.
- Providers are left absorbing financial losses, creating strain on medical practices and threatening the availability of care.
- Patients are being denied the full benefits of the coverage they have paid for, ultimately compromising their recovery and well-being.

It is especially concerning that treatment plans are being subjected to a “one-size-fits-all” approach—often referred to as “cookbook medicine”—that fails to take individual patient needs into account. Cutting provider bills to, for example, 80% of their submitted charges not only disregards clinical judgment, but also increases long-term healthcare costs when patients require additional treatment to compensate for inadequate initial care.

We urgently need:

- Full transparency in how FAIR Health data is applied
- Clear, evidence-based justifications for any reductions in reimbursement
- Recognition that medical decisions should be guided by patient need—not rigid, opaque cost frameworks

If you are seeking real-world examples, I would be glad to provide specific cases where my patients have been adversely impacted by these practices.

Patients deserve better. As healthcare providers, we must advocate for fair, accountable, and patient-centered systems that prioritize healing—not cost containment at the expense of care.

Sincerely,

Michael L. Clark, D.C.

Dawson Clark Chiropractic Clinic
Everett, WA 98204