OIC Rules Coordinator

From: Amazing Life Chiropractic - Mill Creek, WA <info@amazinglifechiropractic.com>
Sent: Thursday, August 7, 2025 3:33 PM
To: OIC Rules Coordinator
Subject: R2025-05 First Prepublication draft comment

External Email

Dear Insurance Commissioner and Rulemaking Team,

We are writing on behalf of **Amazing Life Chiropractic and Wellness**, a chiropractic clinic that serves individuals recovering from auto accidents and other musculoskeletal injuries. We appreciate the opportunity to comment on the **first prepublication draft of R2025-05**.

We are deeply concerned about how auto insurance carriers are currently processing and reimbursing medically necessary treatments under personal injury protection (PIP) coverage. Increasingly, we are seeing these carriers use the **FAIR Health database** as a justification to arbitrarily reduce reimbursements — often without any transparency or explanation as to how these rates are calculated or why they are applied. This approach leaves patients and providers burdened with the financial shortfall.

These reductions not only threaten the financial stability of clinics like ours but, more importantly, **limit patient access to the care they need and paid for through their insurance premiums**. We are seeing real impacts in our practice: delays in care, prematurely ended treatment plans, and patients unable to afford recommended follow-up. This is especially troubling given that many patients are already dealing with pain, trauma, and stress after an accident.

For example:

- **PEMCO Insurance** routinely denies any and all Durable Medical Equipment (DME). This means that if a patient requires a back brace or other supportive device for recovery, they must either pay out-of-pocket or attempt to bill their personal health insurance, or go without — despite having PIP coverage that should cover these medically necessary items.
- **SAFECO Insurance** has repeatedly paid arbitrary amounts for our billed services, well below the cost of care provided. They then require us to pass the unpaid balance onto the patient — forcing the patient to either pay from their own pocket, bill their health insurance, or absorb the cost through a third-party settlement. If the patient does **not** have a lawyer retained to handle a third-party claim, our clinic is often left with no option but to **write off the remaining balance entirely** — absorbing the loss for care we have already provided.

These practices undermine patient recovery, create unnecessary financial stress, and contradict the very purpose of PIP coverage.

A few key issues we urge you to consider:

- The **FAIR Health database lacks transparency**, and there is no clarity on how it determines reimbursement values.
- **Medical decisions should be made by licensed providers**, not dictated by data models or billing algorithms.
- Patients are sold policies that promise care and recovery support — they should receive **the full benefits of what they've paid for**.
- When insurers cut reimbursements — in some cases to **80% or less of the billed amount** — it shifts the cost onto the patient or limits their ability to heal fully.

We respectfully request that the OIC consider:

- Requiring **full transparency** in the methodology used by FAIR Health or any similar database.
- Prohibiting insurers from **unilaterally undercutting** provider bills without a case-specific medical review.
- Protecting the patient's right to access timely and appropriate care without financial obstruction.

Thank you for your attention to this matter and for your continued work to protect consumers and support fair healthcare practices in Washington.

Sincerely,
Dr. Sergey Kochelayev
Amazing Life Chiropractic & Wellness, PLLC

800 164th St SE, Ste O
Mill Creek, WA 98012
Ph: (425) 737-5343
Fax: (425) 745-9400
www.AmazingLifeChiropractic.com