SUBROGATION & DISTRIBUTION

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At the conclusion of the settlement or litigation process, we transfer our emphasis from maximizing the value of your case to minimizing your financial obligations and the time it takes to get you the settlement check. To accomplish this, we must address different areas.

OUTSTANDING MEDICAL BILLS

We start this process by evaluating your outstanding medical obligations. We contact your providers, obtain the most recent balance, and negotiate for any possible decreases in these bills. After negotiations, we confirm the final financial obligation. Most providers require a letter of protection or lien (promise of future payment) for unpaid medical bills. We then pay these providers directly from the proceeds of your settlement from your client trust account.

HEALTH AND AUTO INSURANCE SUBROGATION

Subrogation is the term describing a legal right of an insurance company to be repaid if another party is held liable for your injuries. Essentially, if someone else is responsible for your injuries, and you receive a monetary recovery as a result, then your health, auto, or secondary insurance carrier(s) demand (as a term of your contract for insurance benefits) to be reimbursed.

Your health (employer/spouse/state/federal plan) and/or auto (PIP/MedPay/Secondary) insurance carrier may pay your accident-related healthcare bills directly. These carriers do this to make sure your medical services are paid for while fault is determined and for the at-fault driver's insurance to accept or assigned responsibility for your medical bills. After this happens, your health or auto insurance will expect to be repaid out of the proceeds of your settlement, award, or judgment. We diligently verify the amounts paid by your insurance(s) and repay them from the proceeds or your settlement from your client trust account. Medicare (both Traditional Medicare and Medicare Supplement) have specific compliance regulations at the settlement stage (opposed to treatment stage). Our team diligently reconciles all billing records on our end, so we're prepared to negotiate lien reduction requests that happen only after a settlement, award, or judgment occurs.

Medicare requires insurance providers to confirm and pay Medicare liens. However, upon a written request we can assume responsibility for those liens. Our team then sends written requests to health or auto/secondary insurance carrier(s) involved to allow us to handle the

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Medicare lien instead to the applicable insurance carriers. It's in your best interest for us to handle the Medicare lien opposed to health or auto/secondary insurance carrier(s) who withhold settlement funds to pay Medicare directly, without objection or real review.

We'll get approval. The benefit is we can confirm/dispute the correct amounts associated with your treatment and request a reduction based on your case-related costs. Medicare compliance regulations have their own timeframes; we must comply with both Traditional Medicare and Medicare Supplement rules to ensure your benefits are not negatively impacted in the future. This does delay the typical settlement process because

Medicare needs to be sure that all costs are included in their lien, and getting those costs reconciled on their end takes time, unfortunately. Medicare allows for billing delays and unexpected additional treatment and federal law allows them the time to confirm.

Our team does everything we can to fasten this process, but some things are outside of our control. The claim (and demand/negotiations process) against the at-fault parties has to resolve first, as your auto/secondary insurance carrier (for Under and Uninsured and secondary policies) has to "bless" the at-fault party's settlement before our office can initiate the UIM demand process.

A UIM carrier's case evaluation and possible settlement offer are dependent on the resolution of the at-fault party's claim resolution. The law allows for your UIM carrier to step into the shoes of the at-fault carrier and essentially "handle" both claims. It doesn't happen often, but the law favors the at-fault and secondary insurance processes be separated. Once our team secures an agreed settlement offer, we'll get approval from your UIM carrier to accept that settlement offer, then submit our UIM demand.

It's important to keep in mind that all costs and attorney fees will be used to reduce any Medicare reimbursements. Medicare's right to reimbursement is triggered when an at-fault party is held responsible for outlaid medical benefits. Medicare "gets" to receive a recovery because "you" (the injured party) hire an attorney and incur costs to get the at-fault party to compensate you for your injuries. The law requires Medicare to share in a portion of your costs and attorney fees. Medicare gets the benefit of "you" hiring a lawyer, so Medicare should share in the costs of that benefit.

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We can't negotiate the Medicare lien until we have reached a final settlement from the at-fault carrier and any possible UIM/secondary carrier(s) as there are many stages of Medicare notifications. Our team has all the right notifications and timings to efficiently and effectively process the final steps of your settlement.

CASE RELATED EXPENSES

Our team accounts for all case related expenses, including fees for police reports, medical records, and court filing fees. These expenses will be detailed on your Final Settlement Ledger for your review.
For the most complicated of cases, our goal is to disburse funds within 45 business days.