

RESOLVING MEDICAL DISPUTES

What to do if you and your CTP insurer have a disagreement about your treatment, rehabilitation and/or attendant care services

When the insurer accepts liability for your personal injury resulting from a motor vehicle accident, it should pay for your reasonable treatment, rehabilitation and attendant care expenses.

Do not assume that the insurer will automatically pay all your rehabilitation and medical expenses. The insurer may require further information.

It may ask you or your service provider to show that the services being recommended or provided are reasonable and necessary for your recovery. The insurer may question accounts where, for example:

- There are many different treatment, rehabilitation and /or attendant care providers;
- Treatment, rehabilitation or care services continue over a long period of time; or
- There is intensive treatment, but no indication that this is making you better.

It is recommended that you, or the people providing your treatment, rehabilitation and/or attendant care, seek approval from the CTP insurer before starting any program.

What to do if you and your CTP insurer have a disagreement

You and the insurer may disagree on what is reasonable and necessary treatment, rehabilitation or attendant care for you.

The insurer may decide not to pay for your treatment, rehabilitation or attendant care. It must let you know in writing why it has made this decision. The insurer will also advise you how to have this decision reviewed.

If you disagree with the insurer's decision

If you disagree with the insurer's decision OR are not satisfied with the reasons given for that decision, you should:

1. Contact the insurer and speak to the claims officer who is managing your claim. You may also contact the insurer's rehabilitation adviser, and discuss your concerns. Many of these issues can be resolved by discussion;
2. If you are still dissatisfied with the insurer's response, you should ask the insurer to refer its decision to its internal disputes resolution service;
3. If this does not resolve the disagreement you or the insurer may refer the dispute to the Medical Assessment Service (MAS).

The Motor Accidents Authority has established the Medical Assessment Service (MAS) to determine medical disputes. This service is independent of insurers and you do not have to pay to use the service. You do not need to have a solicitor to use this service, but you can seek legal and other advice at any stage.



For more information:
Claims Advisory Service : 1300 656 919
Web site: www.maa.nsw.gov.au
Level 25, 580 George Street, Sydney 2000
Ph 1300 137 131 Fax 1300 137 707