

Insurance Game Playing.

The insurance industry is playing a game to lower your payments resulting from auto collisions. There are two main tactics that the insurance companies are utilizing to reduce claims.

First is colossus, a computer program with over 700 factors to determine how much your accident is worth. This system was designed by the insurance industry for cost containment purposes. The human factor of experienced claim handlers is now all but removed. Colossus is triggered by just some of the following.

1. Amount of auto damage. The greater the amount of damage the larger that particular module triggers to pay.

Problem: The overwhelming scientific evidence demonstrates that low speed impacts can cause significant personal injury to the occupant. Colossus is not keeping up to date with the scientific literature.

2. Attorney litigation history and experience history. The less experienced an attorney will cause colossus to devalue the case.

Problem: What!. Since when did the attorney experience relate to amount of personal injury and damage payments?

3. The Doctors reputation, courtroom experience and practice volume.

Problem: The reputation of a doctor and his/her ability to present the information in a courtroom setting should not be a factor. This type of expertise is not what we are trained to do. We are trained to perform an examination and document if injuries exist. The "experience" tactic to reduce claim payments is a way to sway the jury by trying to imply that the doctor is incompetent to treat the injury and/or has overstated the injuries. All of this is an attempt to devalue the case.

A second tactic to reduce claims is "Independent Review".

A real example: A woman was injured as a result of an automobile collision. She incurred approximately \$10,000 in medical bills. The Insurance company agreed to pay out \$780. The reduced payment amount was in part due to an "Independent Review" of the woman's medical file. This is called a paper review.

In this situation the insurance company hires review companies to determine the reasonability of claims. In this case, the review company determined that the medical cost was too high and the length of treatment was too long. The report supported the reduced payments that the insurance company was offering.

During an analysis of the review company, it was discovered that some of the reviewers were not doctors. In fact, one of the writers had a degree in journalism and no experience in medicine at all. It was also revealed that the authors of the review paper utilized programmed pieces of information within a computer system which generated "canned" arguments to negatively slant the payments to the victim of the accident. It is bad enough that the consumer suffers damages as a result of an accident. It is only made worse if the consumer suffers additional damages as a result of an insurance company's efforts to avoid paying what is due.

I have heard it said that, "The insurance industry is the only business in America that does not want your business if you use its product as intended".

Being fair and balanced, it should be noted that false and frivolous claims need to be exposed and dealt with appropriately. These types of claims hurt everyone with legitimate claims. Choosing a doctor and attorney who accurately document and support honest symptoms, is always the best starting point. The vast majority of claims are real and honest in nature. The adversarial tone starts out by the tactics illustrated above.