

Florida's Automobile Personal Injury Protection (PIP) Insurance Law



WHAT IS PIP?

PIP is a mandatory insurance coverage that must be purchased by every owner or registrant of a motor vehicle that is required to be licensed and registered in Florida. It has been part of Florida's Motor Vehicle No-Fault Law since 1972. PIP can only be purchased from auto insurance companies.

WHAT DOES PIP COVER?

PIP provides up to \$10,000 in medical and disability benefits and an additional \$5,000 death benefit resulting from bodily injury, sickness, disease, or death arising out of the ownership, maintenance, or use of a motor vehicle.

WHO DOES PIP COVER?

PIP covers the named insured, relatives residing in the same household, persons operating the insured motor vehicle, passengers in the motor vehicle, and other persons struck by the motor vehicle and suffering bodily injury who are not occupants of a self-propelled vehicle.

WHAT MEDICAL SERVICES DOES PIP COVER?

PIP pays eighty percent of all reasonable expenses for medically necessary medical, surgical, X-ray, dental, and rehabilitative services, including prosthetic devices and medically necessary ambulance, hospital, and nursing services if the individual receives initial services and care within 14 days after a motor vehicle accident. PIP does not cover massage or acupuncture services.

WHO CAN PROVIDE MEDICAL TREATMENT UNDER PIP?

PIP covers initial services and care that are lawfully provided, supervised, ordered, or prescribed by a licensed physician, dentist, or a chiropractic physician or that are provided in a hospital or in a facility that owns, or is wholly owned by, a hospital. Initial services and care may also be provided by an emergency medical technician or medical transportation service.

In addition, and upon referral by a provider authorized to provide initial services and care, follow-up services and care consistent with the underlying medical diagnosis may be provided, supervised, ordered, or prescribed only by a licensed physician, chiropractic physician, or dentist, or, to the extent permitted by applicable law and under the supervision of such physician, osteopathic physician, chiropractic physician, or dentist, by a licensed physician assistant or advanced practice registered nurse.

Follow-up services and care may also be provided by the following persons or entities:

- A hospital or ambulatory surgical center.
- An entity wholly owned by one or more licensed physicians, chiropractic physicians, or dentists or by such practitioners and the spouse, parent, child, or sibling of such practitioners.
- An entity that owns or is wholly owned by a hospital or hospitals.
- A licensed physical therapist based upon a referral by an authorized provider.
- Certain health care clinics.

ARE THERE LIMITS ON PIP COVERAGE?

Yes. The maximum PIP coverage of \$10,000 is available only if a licensed physician, dentist, physician assistant, or an advanced practice registered nurse has determined that the injured person has an emergency medical condition. Otherwise, benefits are capped at \$2,500. Benefits may subject to a deductible.

DOES PIP EXCLUDE COVERAGE IN CERTAIN CASES?

Yes. PIP permits an insurer to exclude coverage in the following cases:

- For injury sustained by the named insured and relatives residing in the same household while occupying another motor vehicle owned by the named insured and not insured under the policy or for injury sustained by any person operating the insured motor vehicle without the express or implied consent of the insured.
- PIP also exclude benefits for any injured person if such person's conduct contributed to his or her injury by causing injury to himself or herself intentionally or by being injured while committing a felony.

WHAT IS THE PIP DEATH COVERAGE?

PIP pays a death benefit of \$5,000 per individual. Death benefits are in addition to the medical and disability benefits provided under the insurance policy.

WHAT IS THE PIP DISABILITY COVERAGE?

PIP pays 60 percent of any loss of gross income and loss of earning capacity per individual from inability to work proximately caused by the injury sustained by the injured person, plus all expenses reasonably incurred in obtaining from others ordinary and necessary services in lieu of those that, but for the injury, the injured person would have performed without income for the benefit of his or her household. Disability benefits payable under this provision must be paid at least every 2 weeks.

DOES PIP EXCLUDE COVERAGE IN CERTAIN CASES?

The PIP law requires medical providers to charge insurance companies only a reasonable amount for services and supplies provided to a PIP patient. There is a schedule of maximum charges (“fee schedule”) for medical services and care, and insurers may limit reimbursement to 80 percent of the fee scheduled amount. The requirement that medical providers charge only a reasonable amount and the application of a fee schedule are designed to control medical costs and extend PIP benefits for consumers.

Learn more at PIFF.net

