

CR 83-167

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STATE OF WISCONSIN  
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FEB 22 1984

DOUGLAS LA FOLLETTE  
SECRETARY OF STATE

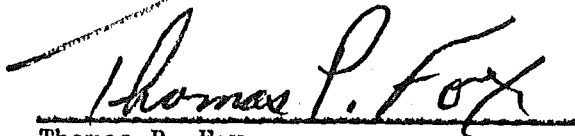
STATE OF WISCONSIN )  
OFFICE OF THE COMMISSIONER OF INSURANCE )

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETINGS:

I, Thomas P. Fox, Commissioner of Insurance and custodian of the official records of said office, do hereby certify that the annexed order repealing Ins 17.26 (4) (b) and (f); renumbering and amending Ins 17.26 (4) (d), (e), (g) and (h); and amending Ins 17.26 (3) was issued by this office February 22, 1984.

I further certify that said copy has been compared by me with the original on file in this office and that the same is a true copy thereof, and of the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name in the City of Madison, State of Wisconsin, this 22nd day of February, 1984.



Thomas P. Fox  
Commissioner of Insurance

4626F

5-1-84

STATE OF WISCONSIN  
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FEB 22 1984

DOUGLAS LA FOLLETTE  
SECRETARY OF STATE

ORDER OF THE COMMISSIONER OF INSURANCE

REPEALING, RENUMBERING AND AMENDING RULES

To repeal Ins 17.26 (4) (b) and (f); to renumber and amend Ins 17.26 (4) (d), (e), (g) and (h); and to amend Ins 17.26 (3) relating to future medical expenses.

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ANALYSIS PREPARED BY THE OFFICE OF THE COMMISSIONER OF INSURANCE

The rule eliminates references to fund 35 (the future medical expense fund which no longer exists), defines "account" as the portion of the fund allocated for future medical expense benefits and makes it clear that each account is credited with a pro rata share of interest earned.

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Pursuant to the authority vested in the Commissioner of Insurance by ss. 601.41 (3), 655.003 and 655.015, Stats., the Commissioner of Insurance hereby amends a rule interpreting s. 655.015, Stats., as follows:

SECTION 1. Section Ins 17.26 (3) is amended to read:

(3) DEFINITIONS. ~~The following definitions shall apply in the administration of this rule~~ In this section:

~~(a) Fund shall mean the future medical expenses fund, Fund No. 35 established by the bureau of financial operations, department of administration under the provisions of ss. 16.40 (5) and 16.41, Stats., to receive payments under s. 655.015, Stats.~~

~~(b) (a) Account shall mean that portion of such fund allocated specifically for the benefit of an injured person.~~ "Account" means the portion of the fund allocated specifically for future medical expense of an injured person.

~~(c) (b) "Claimant" shall mean~~ the injured person, the individual legally responsible for any medical expenses sustained by the injured person, or the legally designated representative of such injured person.

~~(d) (c) Medical expense shall mean~~ those charges for medical services, nursing services, medical supplies, drugs or rehabilitation services which are necessary to the comfort and well being of the individual and incidental to the injury sustained.

SECTION 2. Ins 17.26 (4) (b) and (f) are repealed.

SECTION 3. Ins 17.26 (4) (d), (e), (g) and (h) are renumbered and amended to read:

~~(e) (b) The commissioner shall further keep an account of the total balance in the fund and the allocations to each account.~~ credit each account with a pro rata share of interest earned, if any, based on the remaining value of each account at the time such interest earning is declared by the investment board. The commissioner shall maintain an

individual file record of each account showing the original allocation, payments made, credits and the balance remaining.

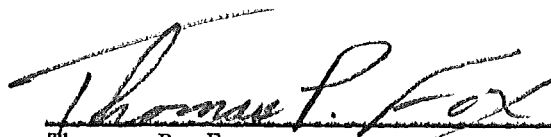
(g) (d) If the commissioner is not satisfied that a third-party provider of service has not been reimbursed for services or supplies rendered provided to the injured person, payments of any medical expense may be made jointly to the claimant and ~~the provider of~~ to the provider. The claimant may, in writing, direct that payment be made directly to the provider. If the claimant has paid for such medical supplies or services the claimant shall be reimbursed upon receipt of proof of payment.

(d) (e) The commissioner shall not less than once annually inform the claimant of the status to date of the account including the original amount, payments made, and the balance remaining.

(h) (f) Payment shall be made to the claimant for reasonable and necessary medical expense until such time as the allocated amount is exhausted or until the injured person is deceased. Should the injured person become deceased and there is a balance in his account allocation, that amount shall be returned to the insurer, organization or person responsible for establishing the account.

As provided in s. 227.026 (1) (intro.), Stats., these rule changes shall take effect on the first day of the month following their publication.

Dated at Madison, Wisconsin, this 22<sup>nd</sup> day of February, 1984.

  
Thomas P. Fox  
Commissioner of Insurance



The State of Wisconsin  
Office of the Commissioner of Insurance

Thomas P. Fox  
Commissioner  
(608) 266-3585

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DATE: February 23, 1984

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Bureau

TO: Gary Poulson

FROM: M. E. Van Cleave  
Assistant Deputy Commissioner of Insurance

A handwritten signature in dark ink, appearing to be "M. E. Van Cleave", written over the typed name in the "FROM:" field.

SUBJECT: Wisconsin Administrative Code section Ins 17.26 - Clearinghouse  
No. 83-167

Enclosed is a copy of an Order of the Commissioner of Insurance repealing  
Ins 17.26 (4) (b) and (f); renumbering and amending Ins 17.26 (4) (d),  
(g) and (h) relating to future medical expenses.

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Enclosure  
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