



YOU CAN'T AFFORD NOT TO

Disability insurance provides you with an invaluable safety net.

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TIME TO READ: 7-9 MIN.

CHIROPRACTORS UNDERTAKE YEARS OF TRAINING BEFORE THEY ARE ABLE TO HELP PATIENTS IN THEIR JOURNEY TO HEALING AND ENJOYING HEALTHIER LIVES. Being a chiropractor is physically demanding; however—more often than you might think—the same person who devoted their career to improving patients' health suffers an injury, or even an unexpected sickness that leads to disability.

Chiropractors who cannot perform the physical tasks of their profession rely upon their disability insurance policy to replace some portion of their income, often tax-free. They may have purchased the policy privately, chosen to opt into the same disability insurance plan as their employees, or bought a policy through an association—or all three.

Most chiropractors' offices process health insurance claims all the time. The chiropractor may assume their disability claim will be a similar transaction: Complete the insurance forms online, submit medical records, then receive the benefit checks either directly in a personal checking account or by mail.

But that's not what happens with disability insurance.

Claim challenges

Disability claims are very often denied or challenged; to understand why, consider the economics from the insurance company's point of view. Unlike a health insurance claim, which largely concerns claims for treatment within a confined amount of time, disability claims are paid out over decades.

THE TAKEAWAY

Disability insurance is a valuable safety net for the chiropractor who suffers an injury; however, the process of filing a disability insurance claim can be very difficult, more so than with other types of insurance. Chiropractors should expect their claims to be challenged.

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A young chiropractor in their late 30s who sustains a career-ending injury and has a disability policy with a \$12,000 monthly benefit should expect to have their claim challenged. The same goes for a 59-year-old chiropractor whose disability policy is structured so that any claims after a certain age become lifetime benefits.

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And when the numbers are too high, claims are challenged, delayed, and denied.

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To support a disability claim, the medical records submitted to the insurance company must be extremely thorough and reflect not just the chiropractor's diagnosis, but, in great detail, the reason they are unable to perform the material duties of the practice.

The disability insurance company treats the claim for disability as evidence-gathering for a legal battle. The chiropractor needs to do the same. The chiropractor who is considering filing a disability claim must approach the process keeping the two key points listed above in mind. But there's more.

Chiropractic income stream

Chiropractic practices often feature aligned products and services: nutritional supplements, dietary programs, massage therapy, acupuncture, and other wellness services. If these products and services generate an income stream, and if that is folded into the chiropractor's income as part of the practice, the disability insurance company will want information about this part of the practice. It may look at this portion as a component of the insured's occupation.

A chiropractor should expect to be asked to provide financial records and detailed information on profits and all sources of income. Depending on how the policy is written, the chiropractor may or may not be legally required to provide this information, but pushing back on the disability insurance company's request for the information may lead to further delays with the claim. Thought must be given to how much to push back or whether to accede to overreaching requests.

Expect the disability insurance company to weigh any ancillary services and products income when calculating monthly benefits. If the policy does not include any provisions regarding outside income—and if these profits are outside of the chiropractor's salary—the fight may be winnable, but expect a battle.

Residual benefits

If the disability insurance policy contains a provision regarding residual disability benefits, also known as partial disability benefits, practitioners may have the option to file a claim if their income has fallen by more than 20 percent of the pre-disability level. This is sometimes a separate rider to the policy, and in some cases requires the claimant to have been disabled for a certain amount of time. In other cases, the chiropractor must demonstrate they can perform some duties, but not enough to maintain the pre-disability income level.

For a person who works a standard job, residual benefits are relatively straightforward. For a chiropractor whose income depends on their ability to see a certain number of patients, however, this can be problematic. Add in the typical delays in receiving payments for services from insurance companies, and it's easy to envision the challenges.

Having ancillary products and services in the office can further the insurance company's argument that the chiropractor can continue to work even if he or she cannot perform the physical duties of providing actual care. Careful consideration must be given to how this issue is addressed.

The insurance company may then claim that the disabled chiropractor can

become a full-time business manager of the practice, hiring another chiropractor to take care of patients instead. This opens the door to the “any occupation” and “dual occupation” issues, where the insurance company pushes back against the possibility of the chiropractor being able to earn the same level of income as before the injury.

Frequently, chiropractors attempt to continue to work through their discomfort in order to serve their patients and end up making their injuries worse. It should be noted that the disability insurance claims adjuster will not see this as the mark of a sincere effort, but as a means of exaggerating a claim.

Four key takeaways

To file a disability claim, locate the original insurance policy and review it. Here’s what to find out and keep in mind as you pursue your claim:

1. Does the policy require the chiropractor to undergo both an independent medical exam (IME) and a functional capacity exam (FCE)? The IME is typical, but if an FCE is not required, do not have it without consideration of several issues. These tests can be dangerous to personal health, and there is no winning—put forth maximum effort and risk injury, or remain cautious and be branded a malingeringer.
2. What kind of business or financial records must be provided? Chiropractors may receive broad records requests that are not required by their contract, so they should ask the insurance company why they need certain records. Keep careful documentation of every request and what is sent.
3. Be aware of surveillance. It’s very easy for the disability insurance company to hire an investigator to video daily routines and monitor social media posts. Today’s private investigator can be a camera located in a parked car around the corner, watching 24/7. Chiropractors should keep notes on their whereabouts; if they have doctors’ appointments, therapy appointments, etc., to counter any accusations of a false claim.
4. Educate primary care physicians about the claim. Unless the providers you see have worked with other disability claimants, they may not know the wrong comment in medical records

can create problems for a claim. Here’s an example: A chiropractor’s disability makes them feel depressed and anxious and they mention this to their primary care provider, who makes an official note and prescribes an anti-anxiety medication. The disability insurance company may attempt to tweak that into a mental/nervous claim, which is often limited to a two-year benefit period only.

Be prepared

If you are injured, disability insurance can provide a valuable career safety net, but only if you are able to navigate your way through the considerable amount of red tape that can often surround claims. A successful claim depends upon your ability to give the insurance company what it needs, within the legal parameters you agreed to when you bought your policy, and avoiding common mistakes that can derail your claim. **CE**

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