



Medical Record-Keeping Provides a Valuable Lesson Learned

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Have you gone to your doctor recently? When you and the physician are chatting away you may notice that there is furious typing going on (assuming that your doc is technologically proficient). Here is where a potential problem begins.

Why? You may be asking yourself.

This is a real case that crossed my desk a few years back. An individual had visited his physician over the last several years concerning general health issues stemming from pressures from work. The physician asked the typical question about consumption of alcohol. The patient said he consumed about 30 cocktails a week. (The patient was an otherwise healthy individual in his thirties who worked and partied hard.) The physician asked a few more questions, made a few observations and suggested that eventually the day would come when the patient would want to change his habits.

Now fast-forward a few years. The same guy is back to the doctor for his annual physical. He's now married with a family started. Work is good. Married life agrees and the kids are great. Doctor does his job, asks the usual questions, types furiously and says "See you next year."

Being the responsible sort, the guy feels that the family should be protected so he applies for various forms of insurance that guaranteed income, critical care and death benefits. This is where the story gets real interesting.

After awhile the guy is notified by the insurance companies that his application(s) have been denied. What a surprise to say the least! Being outraged the applicant contacted us to make inquiries as to why the declinations. After our directed inquiries we were informed that the applicant showed symptoms of being an alcoholic and may have liver issues. Where did this come from? If you've stayed with me so far, you know the answer.

When the applications were made to the insurance companies the good doctor had received requests for medical records. His staff complied with complete records. Buried in the details was the physician's notation from long ago -- "30 drinks a week."

The patient was irate. Since his marriage his habits changed to the point that he was consuming a social drink or two *per month*. Upon contacting the physician he explained that the partying as a young single person had ceased long ago. The doctor's response was "they are not able to reflect changes in their electronic notes with anything but current data and they need a written statement from the patient stating the facts as to when drinking stopped. Then they would reflect such facts in their files."



So what happens next? We recommended the following “damage control” activities:

- Request a complete record from the physician including all notes, lab results, etc.
- Start reconstructing the facts.
- Send the new data to the physician with the request that they update their records and provide an explanation as to why the lack of communication.
- Dispute any unresolved comments and unsubstantiated issues.
- Keep building a case with each insurance company to reopen the matter.
- Achieve favorable underwriting.
- Protect your family.

The Lesson Learned

It is in a patient’s best interest to request a copy of all physician notes, as well as all test results whenever you visit or even call to talk to the physician or their staff over the telephone or via email. You may have a great physician, but the demands on their time may inadvertently reflect unintentional errors by them or their staff.

Does this sound like overkill? You will have to be the judge. But beware! That minor inconvenience could avoid major issues and headaches in attempting to correct lack of follow-up to a simple conversation from long ago.

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