

# INSURANCE MEDIA WATCH

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## Active Group announces two new programs

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Active Physiotherapy Rehabilitation Group has introduced two new services developed in response to information collected from insurance adjusters and rehab consultants.

Physician Communication Package provides third-party payers with assurance that the treating physiotherapist and the physician (providing medical management for the client) will meet over the telephone at regular two week intervals. The client's functional progress will be reported by the physiotherapist to the physician and the physician will notify the physiotherapist of any relevant test results, specialists' reports, medical

history, etc. Following each telephone meeting, both the physician and the physiotherapist will send a report to the third-party payer within 24 hours, outlining a plan and time frame for returning the individual to work/daily living activities. When appropriate, others such as rehab consultants, employers, and clients themselves, will be asked to participate in the meeting.

Physiotherapy Follow-Up Package will provide third-party payers with information regarding the continued progress of individuals back to regular work/daily living activities once discharged from the physiotherapy. Clients who do not progress as expected will be identified and the reason for their lack of progression will be examined. Clients will be contacted at

two, six and twelve weeks following discharge from the clinic and asked a series of questions, designed to identify whether a client is progressing back to normal activity, while encouraging a positive outlook which focuses on progression rather than on problem areas. When progress is not indicated the client will be assessed at the clinic to identify where the problem lies. Recommendations will be made to both the client and the third-party payer to assist the client in returning to regular work/daily living activities.

These programs were designed by the Active Group to enhance communication among all parties and to reduce lost work time or reduce the number of individuals who 'fall through the cracks.'

## Insurance company admits hail storm wrongly interpreted

Ottawa Citizen  
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by Tony Cote

Intimidation by our broker and insurance company is preventing my wife and I from making a legitimate claim for damage to our home.

The background is simple. Several years ago a copper water pipe that supplied our dishwasher developed a pinhole in a solder joint and flooded our basement. The flood occurred the day before we returned from a vacation.

The insurance company, Continental, paid the damage.

Just over a year later, we got flooded out again. That time the supply hose to our four-year-old Sears washing machine split. My wife was home but was upstairs vacuuming when the accident happened and because of the

noise it took some time before the problem was discovered.

The insurance company picked up the cost of cleaning up the mess.

Then came the clincher. In May 1993, a severe hail storm hit parts of Orleans. On our home, the shingles were damaged.

When we reported the damage to the broker we were informed that a letter was in our file and that any future claims would result in the cancellation of our insurance. We could not believe what was happening.

After a number of requests the broker sent us a letter that clearly said if we submitted a claim for hail damage Continental would not renew our policy when it came due.

The letter claimed that Continental sent the broker a letter which said our claims frequency was becoming a problem and that we should be monitored

and cautioned.

None of this makes any sense, especially since we have found out that as many as 15 of our neighbors are insured with the same company and all had their roofs repaired under their policies.

—Paul L'Italien, Orleans

Continental agrees, things weren't done right. That verdict was delivered by Robert Ryan, Continental's regional vice-president.

"In the final analysis, we must admit that this particular situation was not well handled by our company, Ryan said.

He explained that there are about 13 claims for every 100 policies on an annual basis. For that reason, he says, your two claims for water damage in a one-year period were unusual and cause for concern.

"We advised that further losses  
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