



# Pitfalls To Avoid In Snowbird Patients' Health Insurance

*Unclear Questions And Loopholes Make Medical Forms*

*A Risky Undertaking For Doctors And Patients*

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**N**owadays, many travel insurance applications contain what I call the "Doctor's Escape Clause". It states that the applicant has consulted and clarified with their doctor when unsure how to answer question(s) in the medical questionnaire. Snowbirds should be wary of agreeing to sign such a declaration as it may trigger a false sense of security. If the policy contains the "One Strike and You're Out Clause", verifying the answers with their doctors may not shelter the Snowbirds from an insurer unilaterally declaring the contract null and void. Doctors and patients may be walking into a minefield because they are unfamiliar with all the details of travel insurance policies and limitations. The adverse financial consequences of a denied out-of-country medical claim may have financially devastating results as the travellers' assets are directly diminished.

As days get shorter and frost appears on the ground, many Canadians start to plan their annual migration south to sunnier climes.

Accordingly, physicians start to receive requests from patients to fill out travel medical forms, as the insurance industry encourages "snowbird" Canadians to seek their doctors' assistance in this task. In fact, certain insurers actually make applicants sign a declaration stating they have verified answers to medical questions with their physicians.

However, doctors who wish to help their patients by completing these medical questionnaires on their behalf are walking into a minefield. Their intended helpfulness can actually be detrimental for the patient because they are—understandably—not familiar with all the details of travel insurance policies and limitations of travel insurance policies, and a patient's insurance claim can be denied because of errors in the form.

Of course, travel insurers do not validate the accuracy of the responses before issuing the policies. The company will only ask for the medical file after a health emergency arises while its client is travelling and a claim is made.

If a mistake is made or if there is an omission of information on the form, the company can deny a claim even if it is for a circumstance completely unrelated to the error. This then exposes the well-meaning physician to potential lawsuits or complaints from his or her patients.

How can doctors handle this tricky situation? The simplest answer is to decline filling out patients' travel forms. But if you do choose to provide this uninsured service—one for which many physicians charge a fee—here are some tips to consider to help you avoid the insurance pitfalls.

## 1. Review The Patient's Medical File In Detail

Even if you know the patient well, or the patient recently had a checkup, it is wise to take a careful look at the file to review certain details relevant to insurance forms. Remind yourself of the following:

- the patient's existing health conditions, medications and treatments;
- what medication(s) the person is taking and the reason(s) prescribed; • the dates and modification of medications or treatments; and
- whether the patient has had any abnormal test results.

## 2. Be Careful Of Definitions Of Conditions

Medical insurance forms are most often bereft of detailed definitions of conditions. Also, the questions can be ambiguous. The dilemma for physicians is that the correct answers to these questions will depend on the specific wording and interpretation of each insurer.

For example: Should the applicant answer “yes” to chronic bowel disease where a patient had a non-malignant polyp removed in a routine colonoscopy? Must the applicant answer “yes” to having chronic asthma if he or she has been prescribed puffers for allergies only? Does passing a kidney stone constitute kidney disease?

When in doubt, I strongly advise you to tell your patients to seek written clarification directly from the insurance company or broker.

Alternatively, I suggest the patient should add any potentially important information to the notes section on the application. Many insurance companies will refuse to add the notes, but in the case of a claim, having that information included on the form may offer some protection to the claimant (your patient).

## 3. Time Annual Physicals Appropriately

Successful coverage of travel insurance claims often hinges on your patient being in a “stable” state for a sufficient period of time prior to departure before an adverse event occurs during travel. Typically, “clinically stable” implies that the patient has not needed any assistance for the following medical conditions for the required stability period prior to the commencement date of a covered trip: a medical procedure/intervention, a change in medication, a change in other treatment, requiring an investigation, referral to a specialist, worsening of a condition or hospitalization.

From this list, it is easy to conclude that issues that might not concern physicians or patients could nonetheless invalidate a claim. In the example of snowbirds, a slight change may be interpreted as instability, especially when we consider that many snowbirds are on multiple medications. A recent change in a blood pressure prescription or lipid-lowering medication in a patient who has

a pre-existing condition of heart disease or stroke may invalidate a travel insurance claim.

A remedy to this dilemma may be to alter, for selected patients, the pattern of yearly checkups. If these could safely be conducted for snowbirds in the spring rather than the fall, fewer patients would be refused claims on the grounds of interpretation of instability arising from an innocuous change in medications or non-urgent investigations.

There would, of course, be no compromise regarding necessary medical tests at any time; assessments in these circumstances may not preclude insurance coverage in any case.

## 4. Refer To A Professional

When you decide not to complete these forms or even if you do fill out the questionnaire, you may wish to urge patients to consult an insurance broker with comprehensive knowledge of how each company defines the issues, and who could assist them in completing an application appropriate to those definitions.

There is no panacea. All policies will have limitations and conditions. Physicians should not feel obliged to “be all things to all people,” and insurance companies should not put them in this position.

*Please refer to previous articles on the subject written by Bruce Cappon in the Canadian Moneysaver. All his articles are available in our archives, available to online Members.*

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