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So you've become disabled. You've paid premiums all these years. You've done everything you're supposed to do. You made your claim, you provided documentation and information to the insurance company. You filled out their forms, you gave them permission to get your medical records, including permission to talk with your doctor, if they want to.

Now what does your insurance company have the obligation to do?

First and foremost, they have the obligation to promptly and thoroughly investigate your claim. That doesn't mean just look at what's convenient for them. They have to affirmatively look at the records and get any records that they don't have that they think may support your claim. And that's an important point – an insurance company in California cannot just look at information that supports their position that you're not disabled or that there isn't coverage in your policy. Every insurance company in California has an affirmative obligation to seek out evidence of coverage, not simply seek out evidence that helps them deny coverage.

[Insurance policy holders have a very important right](#) to hold their insurance company to the standard that they have to put policy holders' interests on at least a high a standing as they put their own. And that's a powerful tool. Insurance companies have to investigate, and they have to do it quickly. They have to pay you timely. They have to seek out information that supports your claim. And they have to communicate.

Insurance companies are not allowed to be dishonest with you. They are not allowed to tell you that there's no coverage when in fact there is. They are not allowed to undercut your claim because it's convenient or profitable for them.

In so much of the world and the way that we see big business doing business, companies put profits over people. An insurance company, in handling your claim, absolutely is not allowed to put profits over you. It's people over profits. They have got to do their job, and they've got to do it well. They've got to do it quickly. And they have to seek out information that supports you.

Let's talk about the medical review doctor for the insurance company. This is somebody who earns his or her living from the insurance company that makes money by collecting insurance premiums but not paying claims. So this doctor will look at the records and say, "gee whiz, I disagree with the treating doctor," the one who's treated the insurance policy holder for 15 years, who knows the record inside out, who's visited with the patient many many times over the years. He's actually drawn the blood and had the conversations and done the physical examinations and all the work that doctors do when they're doctors who treat people and understand people and know their patients. But the insurance company has someone there in house on their payroll who will look at the records and say, "well, I disagree with the doctor who actually knows what he's talking about."

There's no misunderstanding why that happens. The question is what do we do about it? And [what's an insurance company's obligation?](#) It's certainly to do more than that.

Now, has that doctor gotten on the phone with the treating doctor? Has he inquired about what the doctor wrote in his records about the patient? They don't do that, but they certainly should if they're going to disagree with that doctor.

And why doesn't the insurance company doctor perform a physical exam? If there's additional testing that needs to be done, why not get that done? They have an affirmative obligation to do it if they're going to deny a claim. Where there's medical support, they can't simply disregard your good medical evidence. It doesn't work that way in a private [disability insurance policy in the state of California](#).

If your insurance company's playing those kinds of games, you don't have to put up with that. Get somebody – an attorney or another representative – to step forward and help you make your best case.

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