



## Case of the Month

### Think Twice Before Asking for That Photograph

by Brad Dunkin, MHA

**Even when there's minimal medical liability risk, it is the physician's duty to protect a patient's reputation and well-being when circumstances call for it.**

Well before the onset of COVID-19 restrictions, doctors and other healthcare providers have relied upon patients to provide photographs and videos to address medical issues, especially when seeking remote consultation. A diagnosis could often be made by viewing an image of a skin rash or other condition, with prompt, thorough resolution. Physicians and patients alike take this easy access to photography for granted, sometimes failing to understand the implications when it comes to electronically taking, transmitting, or sharing a picture through different platforms or social media.

In this "Case of the Month", we examine problems related to photography and the uploading of what may be considered inappropriate content with possible sanctions and criminal implications for the patient or patient's family.

Recently, *The New York Times* highlighted two cases where parents of minor children, in consultation with their pediatricians, took photos of their child's genitalia to assist in diagnosing a medical problem. One case occurred in San Francisco and the other in Houston. While we will primarily focus on the San Francisco case, the circumstances surrounding each are nearly

identical. In both cases, intimate photos were taken of a genital rash and sent to the doctor via a secure portal for viewing on the other end by a medical professional. And, in both cases, what seemed to be an innocent transaction of information, by way of photography, became a nightmare for the parents. The problem was not on the doctor's side.

In the San Francisco case, the parents called their pediatrician to schedule a weekend appointment for an emergency consultation. The nurse scheduling the appointment asked the parents to take photos of the rash and send them to the doctor so that they could be reviewed prior to the visit.

Digital images were automatically uploaded from the individual's phone to the cloud. Monitoring for inappropriate content, Google flagged the photographs and sent a warning to the phone's owner notifying them that their accounts were locked and suspended. The reason Google suspended the account was because "harmful content that was a severe violation of Google's policies and might be illegal," was detected. A "learn more" link led to a list of possible reasons, including child abuse and sexual exploitation.<sup>1</sup> In addition, a report was made to the CyberTipline of the National Center for Missing & Exploited Children, which in turn reported the matter to the local police for follow up and investigation.

A little technical explanation is needed at this point to explore how questionable content is often identified by large technology companies. In this case, Google has artificial intelligence capabilities to monitor and scan millions of images uploaded to the cloud. These capabilities have been refined over the years with the intent of monitoring inappropriate content that is being circulated or trafficked, and possibly identifying unknown potential victims of abuse. Google has also made this technology available to other technology companies, including Facebook. Apple has delayed adopting this technology due to privacy concerns.

Once flagged, a “human content moderator” reviews the images to determine if they meet the federal definition of child sexual abuse. If so, the user’s account is locked and there is a search for other exploitive material on the user’s account, and, as required by law, a report is made to the CyberTipline. The Center reports that it received 29.3 million reports in 2021, about 80,000 per day. These statistics include inappropriate content that has been previously identified and continues to circulate. Emphasis is placed on investigating new cases to expedite protection of new potential victims. The CyberTipline shares information with other technology companies, and it reports it made over 4,260 potential new child abuse cases to authorities in 2021. Google alone made over 600,000 reports of child abuse material and disabled over 270,000 user accounts.<sup>2</sup>

With respect to emerging artificial intelligence, Google continues to teach and refine its monitoring capabilities so as to not be overly sensitive in flagging innocent images, such as someone giving a baby a bath or a young child running naked through a sprinkler.

**Given this information, physicians are faced with a fine line between asking parents to do what they think is right to assist their children with medical issues and to monitor content which may be determined to be inappropriate or exploitive.**

Suzanne B. Haney, MD, Chair of the Council of Child Abuse & Neglect for the American Academy of Pediatrics, advises parents against taking photos of their children,

even when directed by a doctor. She states, “The last thing you want is for a child to get comfortable with someone photographing their genitalia.”<sup>3</sup>

An informal poll of physicians indicated that many were not aware of this problem, but also indicated that they would not ask a parent to take such sensitive or intimate photographs of their children. Rather, they would ask that the child be brought in, citing that image quality is problematic and in-person encounters are more effective. Dr. Haney goes on to state that, as a last resort, if a photo is necessary, take a picture, send it through a secure platform to the healthcare provider, and immediately delete the photo so it is not uploaded to the cloud.<sup>4</sup>

The intent of this article is to bring awareness to this issue and stress that great discretion must be exercised when it comes to medical photography. Again, it seems this is not so much a problem for physicians, but more for parents of minor children. However, parents, in their defense, would claim that a physician—a trusted healthcare professional—asked them to take and send the photographs, even if more appropriate or safer alternatives were available. Both parents and physicians need to be aware of the risks of photography and act accordingly, depending on the circumstances.

In the San Francisco case, the father was investigated by the local police and able to demonstrate that the pictures taken and shared were for a legitimate medical purpose. However, Google refused to restore his account despite proving that there was not a case. The father decided not to challenge Google due to the legal expense involved.

Discretion with photography is not just limited to pediatric cases but should be used across the board for all patients. ➦

*Brad Dunkin is a Senior Risk Management and Patient Safety Specialist for CAP. Questions or comments related to this article should be directed to [BDunkin@CAPphysicians.com](mailto:BDunkin@CAPphysicians.com)*

#### References:

<sup>1</sup>A Dad Took Photos of His Naked Toddler, Google Flagged Him as a Criminal. *New York Times*. August 21, 2022.

<sup>2</sup>Google AI Flagged Parents' Accounts for Potential Abuse Over Nude Photos of Their Sick Kids. *The Verge*. August 21, 2022.

<sup>3</sup>Google Flags Photos of Father's Sick Son as Child Abuse, Informs Police. *PetaPixel*. August 21, 2022.

<sup>4</sup>NYT: Parents Lose Google Accounts Over Abuse Image False Positives. *PC Magazine*. August 21, 2022.



## The Clock is Ticking

# Open Enrollment for Personal Insurance Coverage Ends Soon!

CAP members have until November 15, 2022, to take advantage of competitively priced insurance products offered through CAP Physicians Insurance Agency, Inc. (CAP Agency) and MetLife. The new coverage period goes into effect January 1, 2023.

By purchasing important coverage through CAP Agency, you benefit from excellent group rates and the expertise of licensed and trained professional insurance agents who have a deep understanding of physicians' unique needs.

**In addition to the critical insurance programs for you and your family, including short- and long-term disability, life insurance, accident insurance, and more,** this year we are offering three new products that many of our members have been clamoring for:

- **Legal Plans** giving you direct contact with attorneys highly experienced in their area of specialty.
- **Identity and Fraud Protection** which is valuable in this day of increased cyber threats!
- **Pet Insurance**, potentially saving you thousands of dollars in veterinary care for Fifi, Fido, or Max.

**Enroll now by visiting [www.CAPphysicians.com/enroll](http://www.CAPphysicians.com/enroll).** Simply follow the instructions to register or to log in if you already have an account.

Of course, if you have questions, we are here to help. Call CAP Agency at 800-819-0061 (press 5 for Benefits) or email us at **CAPAgency@CAPphysicians.com**. But don't wait ... November 15 will be here in no time!

To be eligible, you must be working in healthcare at least 17.5 hours/week and cannot be currently disabled or at the time coverage becomes effective. Other limited time pre-existing condition exclusions may apply.

# Risk Management and Patient Safety News



## When it Comes to Documentation, Choose Civility

by Dona Constantine, RN, BS

Most physicians know the basic dos and don'ts of accurately documenting notes in a patient's medical record. However, problems often arise when documenting a disagreement with the findings of another provider, or when using descriptive language about the patient. The wrong choice of words may be perceived as biased or disrespectful.

Despite physicians' best efforts to correctly diagnose and properly treat patients, documentation snafus are bound to happen, and the fallout can be profound—whether having to defend yourself in court having to defend your reputation among patients and peers.

Here, we provide some practical tips on how to document with civility, sensitivity, and accuracy.

### Documenting Disagreements

*"The medical record is a method of documenting and a means of communicating amongst providers, not a weapon against another provider."*<sup>1</sup>

In an article entitled *Avoiding Chart Wars*, Keri Gardner, MD, MPH, FACEP, writes,<sup>2</sup> "One of the most frequent calls I get from providers is about how to document disagreements. Disagreements are inevitable and always need to be handled delicately." In the article, Dr. Gardner presents two cases that both demonstrate acceptable documentation to avoid potentially damaging finger-pointing:

#### CASE 1:

A 50-year-old diabetic admitted to an emergency department has a painful cellulitis with a temperature of 101.3 and a heart rate of 105 after fluids. You think he needs admission, but the hospitalist disagrees.

The chart should reflect that you called the hospitalist for admission and the reasons why the patient needs admission. Avoid saying, "the patient looks too ill to go home" or similar. Simply state: "The patient looks ill and is tachycardic with decreasing blood pressures, admission requested for IV fluids and antibiotics, Dr. Hospitalist here evaluating patient."

It becomes much trickier if you must discharge a patient that you believe needs admission. Restate the previous quote, but then conclude "Dr. Hospitalist has evaluated the patient and does not feel admission is warranted, please see his note for details. Patient is tolerating POs and has ability to return to the ED if needed and agrees with hospitalist's discharge plan. Dr. H has asked me to discharge the patient home. I have asked the patient to return for reevaluation immediately if ..." It is essential that you do not rant about how ill-advised it is for the hospitalist to send the patient home because you are obliged to advocate for the patient. If you strongly believe that the patient requires admission, you need to notify your departmental chief or chief medical officer (CMO) that this is an unsafe patient discharge. If you are not strongly enough against the discharge to call your CMO, then don't hang yourself by saying that you totally disagree with the discharge. When you write the discharge order, you are going to be held responsible for it.

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## CASE 2

The consultant will not come in until certain tests are done—again, you are the only one on scene so you bear the brunt of the responsibility. If you feel the consult is emergent, you must tell the consultant so and move up the hierarchy if the consultant does not comply. If you feel the consult should come now, but you aren't ready to call your departmental chief or CMO, then say, "Dr. Surgery was called to see patient, but would like a CT scan first. Informed that patient has an acute abdomen with a BP of 100/55 and HR of 115. Dr. Surgery would like antibiotics and CT prior to surgical evaluation." Then keep a close eye on the patient and make any additional phone calls as they are needed if the patient condition changes.

## Important "Don'ts" When Documenting

Crico, an organization that provides risk management and insurance coverage to all Harvard medical institutions and their affiliates, published a seminal article<sup>3</sup> advising healthcare professionals to avoid the following documentation pitfalls for patient medical records (and we couldn't agree more):

- **Derogatory or discriminatory remarks.** In 2021, a federal rule went into effect granting patients the right to electronic access to all their health information without delay, upon request, and at no cost. It's more important than ever to be mindful of language that may be viewed as disrespectful or prejudicial. Include socioeconomic information only if relevant to patient care.
- **Arguments/conflicts with other physicians, nursing staff, or administration.** Address these issues through the appropriate chain of command, not through the patient's medical record.
- **Subjective statements regarding prior treatment or poor outcomes presented as facts.** Use quotation marks to indicate patient's or family's impressions, e.g., "cerebral palsy due to a birth injury."
- **After an adverse event.** Do not write any finger-pointing or self-serving statements in the patient's medical record.

- **Non-patient care information.** Do not include the filing of incident reports or referrals to legal services.

## "READ" to Help You Write

Dr. Gardner also recommends using the easy-to-remember acronym, READ, to effectively document patient records:

**Respect** the patient in your documentation.

**Eliminate** hot-button words or words that suggest bias.

**Advocate** for your patients by going up the hierarchy when you disagree with consultants; otherwise simply describe the disagreement factually and without emotion.

**Document** respectfully.

Dr. Gardner concludes, "Malpractice attorneys love using your own words against you. Don't let them! A carefully documented medical record is a gift to your future self."



*Dona Constantine is a Senior Risk Management and Patient Safety Specialist for CAP. Questions or comments related to this article should be directed to [DConstantine@CAPphysicians.com](mailto:DConstantine@CAPphysicians.com)*

## References:

<sup>1</sup>Young, Melissa, MD. (September 9, 2013). It's Unprofessional to Point Fingers in Patient Notes. *Physicians Practice*. <https://www.physicianspractice.com/view/its-unprofessional-point-fingers-patient-notes>

<sup>2</sup>Gardner, Keri, MD, MPH, FACEP. (August 1, 2018). Avoiding Chart Wars. *Emergency Physicians Monthly*. <https://epmonthly.com/article/avoiding-chart-wars/>

<sup>3</sup>Documentation Dos and Don'ts. Crico Staff. September 15, 2002. <https://www.rmhf.harvard.edu/clinician-resources/article/2002/documentation-dos-and-donts>



## Legislative Update

# A Step Closer to Passage of Federal Prior Authorization Legislation

by Gabriela Villanueva

In a few short months, the 117th U.S. Congress will end, putting pressure on lawmakers to address a multitude of legislative priorities, while contending with the political pressures of a fast-approaching general election.

The good news is that in a seemingly endless Congressional environment of gridlock, healthcare-related proposals may see some slow, but steady progress.

In May 2021, the House introduced the Improving Seniors' Timely Access to Care Act. This legislation sets out to expedite prior authorization requests and quickly clear care and services that are routinely approved for patients covered under a Medicare Advantage (MA) plan. A major provision of this proposed legislation requires MA plans to create an electronic prior-authorization process, aimed at alleviating a major source of administrative burden for providers. In addition to requiring electronic prior authorization for MA plans, the bill would:

- Require the Department of Health and Human Services to create a process for "real-time decisions" on items and services that commonly get approved;
- Require MA plans to report to the Centers for Medicare & Medicaid Services on their use of prior authorization and their rate for approvals and denials; and
- Entice plans to adopt evidence-based medical guidelines when consulting with physicians over prior authorization requests.

In September 2022, the House passed this legislation in a bipartisan way, including key co-sponsorships from physicians in Congress: Ami Bera, MD, D-California, and Larry Bucshon, MD, R-Indiana.

When the bill passed out of the House, a new provision was added. It requires MA plans to report how they use prior authorization and the rate that such requests are approved and denied. This new provision arose out of an investigation by the Department of Health and Human Services' Office of Inspector General, which found that MA plans were denying prior authorization claims for services that met Medicare's coverage requirements. This investigation and resulting additional requirement are significant given that close to half of all Medicare beneficiaries are enrolled in MA plans, with more expected in the coming years.

The new iteration of the Improving Seniors' Timely Access to Care Act has moved over to the Senate and is awaiting action. Although lawmakers have many other legislative interests, advancing reform on prior authorization by full passage of this bill would seem a favorable win for both sides if achieved before the close of this congressional session. ➦

*Gabriela Villanueva is CAP's Government and External Affairs Analyst. Questions or comments related to this article should be directed to [GVillanueva@CAPphysicians.com](mailto:GVillanueva@CAPphysicians.com).*



# Looking to Improve the Patient Experience?

## First Impressions Count

*Seven seconds.* Research shows that's how long it takes to form a first impression ... and the brief window of opportunity you have to persuade prospective patients that they should choose you and your practice over the many other available options.

During the COVID-era of medicine, patients became more accustomed to immediate medical care—especially because of telehealth—and the need for a heightened patient experience increased. In a time of less face-to-face interaction, it is more important than ever to provide exceptional customer service and a sterling first impression.

To help ensure an optimal experience the first time a patient calls your office or visits your website, we offer the following recommendations:

- Make sure a live person always answers the phone—someone both knowledgeable and personable. If the patient needs to be put on hold, the front office staff should first ask permission. Generally, a patient will say “yes,” but never assume. By automatically placing a patient on hold, they don't feel heard and the patient experience begins on the wrong foot. Remember those impactful first seven seconds!
- Optimize your website by making it easy to navigate and useful. Paint a picture of what the patient can expect when coming in for care, through staff biographies and photos of the medical office building and suite. Before an office visit, patients also find online forms they can complete beforehand and directions to the practice helpful.
- Consider technology that allows the patient the ability to communicate directly with the provider and office through a portal or HIPAA-compliant direct chat. Building a digital connection with the patient can help foster and strengthen a long-term relationship.

### The Magic of “Delighting” Your Patients

To reinforce that outstanding first impression during the patient's first visit and beyond, train your team to delight them. Be clear about what great customer service looks like. It is the simple golden rule that we occasionally need to be reminded of: “Treat others the way you would want to be treated.”

Your staff training checklist, at a minimum, should include the following:

***At check-in:***


- Greet the patient by preferred name (best to ask how they'd like to be addressed).
- Smile, make eye contact, and say to them "we're glad you are here!"
- If the physician is running late, tell the patient right away, letting them know you will keep them updated. Then follow through.

***During the visit:***

- Remember to check on the patient once they are roomed. If the provider is running behind, pop in to advise the patient. Ask them if you can get them anything. Often, patients are forgiving if they are communicated with and acknowledged by the team.
- Ask, "Do you have any questions?"
- Walk the patient to checkout and thank them for coming in.

Patients want to know they are valued as an integral part of the practice. By acknowledging them through every step of the way and providing clear, respectful communication, they will feel confident in their decision to join the practice.

For more information on how to delight your patients, please contact Andie Tena, Director of Practice Management Services at **213-473-8630** or via email

**ATena@CAPphysicians.com.** 

*Andie Tena is CAP's Director of Practice Management Services. Questions or comments related to this column should be directed to ATena@CAPphysicians.com.*



## New Disclosure Statement Now Available

Each year, we publish the Disclosure Statement, which gives an overview of CAP and MPT operations, pursuant to California Insurance Code Section 1280.7. The 2022 Disclosure Statement is now available and can be reviewed at any time in the Member's Area of the CAP website at <https://member.capphysicians.com/>

For questions, contact CAP at 800-252-7706.

## Update Your Membership Information to Help With Your Year-End Planning



If you are considering a change in your practice this year or in 2023, please notify CAP as soon as possible so our Membership Services Department can review your options with you and make your coverage transition a smooth one. Changes include, but are not limited to:

- Retirement from practice at age 55+
- Part-time practice (e.g., 20 or fewer hours per week, or 16 hours for anesthesiologists)
- Reduction or *any* change in the scope of your practice
- Employment with a government agency or nonprivate practice setting
- Employment with an HMO or other self-insured organization
- Joining a practice insured by another carrier
- Moving out of state
- Termination of membership

The Board of Trustees of the Mutual Protection Trust will levy an assessment in November 2022. To allow ample processing time, we strongly recommend that you complete your Coverage Update Form (CUF) no later than October 31, 2022, to be evaluated for reductions or proration of the 2023 assessment.

The online Coverage Update Form is now available in the Member's Area of the CAP website at **<https://member.CAPphysicians.com>**.

If you have not yet registered for the Member's Area, please register for an account at **<https://member.CAPphysicians.com/register>**. You will need your member number and the last four digits of your Social Security Number.

For assistance, please call Membership Services at **800-610-6642** or email **[MS@CAPphysicians.com](mailto:MS@CAPphysicians.com)**. ➦

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# Your Privacy With the Cooperative of American Physicians, Inc.

The Cooperative of American Physicians, Inc. (CAP) promotes a range of products and services designed with the welfare of physicians in mind. From the professional liability coverage provided through the Mutual Protection Trust (MPT) and the CAPAssurance Risk Purchasing Group (CAPAssurance), to the range of services and products offered through CAP and its affiliates, CAP's goal is to match healthcare providers with the best products and services—all tailored to fit their needs.

## Information We Collect

When you join CAP, you provide us with personal information. We collect and use that information to service your needs at CAP, MPT, and CAPAssurance. We treat this personal information as confidential, limit access to those who need it to perform their jobs, and take steps to protect our systems from unauthorized access. The personal information we obtain falls into two general categories:

- Information we receive from you on the application and other forms you complete (e.g., first name, last name, organization, phone number, address, email, and CAP identification number) relating to:
  - CAP enrollment;
  - Professional liability coverage through MPT and/or CAPAssurance;
  - Other products and services available through CAP for which you request quotes or purchase;
- Information about your transactions with CAP, MPT, CAPAssurance, and CAP's affiliates, including the CAP Physicians Insurance Agency, Inc. and the Cooperative of American Physicians Insurance Company, Inc.

## Reasons We Share Your Information

We want you to feel secure about the non-public personal information you give to CAP. There are several reasons why we may need to share this information:

- For CAP's everyday business purposes—for example, to process your requests, maintain and service your records and accounts, administer CAP benefits and programs, and respond to court orders or legal investigations.
- For everyday business purposes of MPT, CAPAssurance, and CAP's affiliates.
- For CAP's marketing purposes with service providers we use, including affiliated group purchasing organizations and vendors—to offer our products and services to you.

## To Limit the Sharing of Your Information

All CAP members and participants have the opportunity to tell us if they do not want to receive direct marketing offers from CAP, its affiliates, or other affiliated service providers. You may choose not to receive marketing offers by any method, be it direct mail, email, or fax.

**To tell us your preference, you may:**

**Write us at:** CAP Membership Services  
333 S. Hope Street, 8th Floor  
Los Angeles, CA 90071

**Call us at:** 800-252-7706  
**Email us at:** MS@CAPphysicians.com  
**Fax us at:** 213-473-8773

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To ensure that we accurately fulfill your request, please provide your full name and street address, member number, telephone number, fax number for fax requests, and email address for email requests. Even if you elect not to receive product information by direct mail, fax, or email, you will continue to:

- Be contacted as necessary for routine CAP services
- Receive marketing information through our regular monthly *CAPsules* publication
- Receive notices regarding political activities affecting the medical professional liability industry and solicitations for contributions to CAP's political action committees

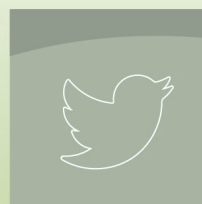
Of course, if you wish to continue receiving valuable and convenient product and service offers, no action is required.



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**Connect with CAP  
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We welcome your comments! Please submit to [communications@CAPphysicians.com](mailto:communications@CAPphysicians.com).

*The information in this publication should not be considered legal or medical advice applicable to a specific situation. Legal guidance for individual matters should be obtained from a retained attorney.*

## Personal Insurance Coverages Now Available Exclusively for CAP Members at Excellent Rates!

Enroll Between 10/1/2022 – 11/15/2022 for an Effective Coverage Date of 1/1/2023

Now through November 15, 2022, CAP members have the exclusive opportunity to access a wide range of personal insurance products and flexible plan options at competitive large group rates.

This limited-time open enrollment period is only scheduled once a year, so now is your chance to take advantage of the excellent benefits offered through CAP Physicians Insurance Agency, Inc. (CAP Agency) and MetLife for you and your family.

**If you are already enrolled in these plans, you can use this enrollment period to make changes or increase your coverage. If you do not have any changes, no action is needed!**

### Important Insurance Coverages Tailored for CAP Physicians and Their Families

|   |  |
|---|--|
| <b>Short Term Disability<sup>1</sup></b>  | \$1,000 weekly benefit plan in addition to state disability benefits.                                      |
| <b>Long Term Disability<sup>1,2</sup></b>   | Up to a \$10,000 maximum monthly benefit available, or 60% of your income.                                 |
| <b>Life Insurance (Medical Underwriting Required for New Policyholders<sup>3</sup>)</b> | Up to \$500,000 for new policyholders/additional \$50,000 for current policyholders. <sup>4</sup>          |
| <b>Accident Insurance</b>   | Benefits up to \$50,000 for unforeseen accidents or injuries.  |
| <b>Critical Illness Insurance<sup>5</sup></b>   | Lump sum payment up to \$30,000 when you or your covered dependents are diagnosed with a critical illness. |
| <b>Hospital Indemnity Insurance</b>   | Up to \$2,000 for hospital admission and \$400/day for 15 days. No pre-existing condition exclusions.      |
| <b>Dental and Vision (Purchased Separately)</b>   | Significant savings on routine care and major services.  |

### New Offerings

|                                      |  |
|--------------------------------------|--|
| <b>Legal Plans</b>                   | Access experienced attorneys to help with estate planning, home sales, tax audits, and more. |
| <b>Identity and Fraud Protection</b> | Fraud protection, digital security, and identity theft protection, all under the same plan.  |
| <b>Pet Insurance</b>                 | Helps cover the costs of vet visits, accident, illness, and more.                            |

Learn More and Enroll Now\*

Visit [www.CAPphysicians.com/enroll](http://www.CAPphysicians.com/enroll)

Follow the instructions to register or log in.

For questions, please contact:

**CAP Agency 800-819-0061 (Press 5 to reach Benefits) or [CAPAgency@CAPphysicians.com](mailto:CAPAgency@CAPphysicians.com)**

Upon payment, all coverage will become effective January 1, 2023.

\*Your social security number will be requested before electing benefits. For confidentiality reasons the number in the system will be displayed as the last four digits of your CAP member number. To be eligible, you must be working in healthcare at least 17.5 hours/week and cannot be currently disabled or at the time coverage becomes effective. Other limited time pre-existing condition exclusions may apply.

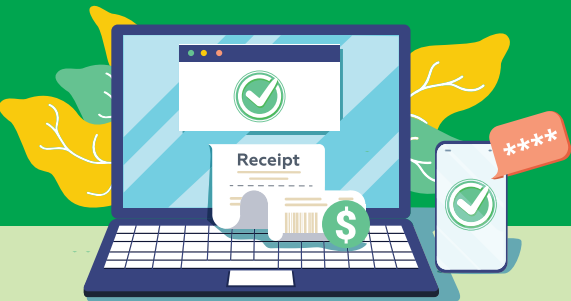
<sup>1</sup>Limited time pre-existing conditions exclusions apply.

<sup>2</sup>Income from the tax year immediately prior will be used to determine benefit at time of claim.

<sup>3</sup>Members covered by CAP longer than 90 days and not previously enrolled in supplemental life coverage.

<sup>4</sup>No medical underwriting required if currently enrolled in supplemental life insurance benefits under the \$500,000 maximum.

<sup>5</sup>Some benefits details available in the Resources section of the enrollment portal or call to request. Pre-existing exclusion applies (except for heart attack or stroke).



# Use Your Checking Account to Pay Your CAP Bill Electronically and Automatically for Safer, Hassle-Free Transactions!

You can now go online and set up recurring payments to pay your CAP bill easily and securely directly from your checking account, just like a paper check but with a lot less hassle.

## Faster Processing Time

No need to write and mail a paper check

## More Secure and Reliable

Reduce the chance of lost or stolen mail

## Save Time and Money

Save on the cost of stamps, checks, envelopes, and time

Even if you pay your bill by credit card, setting up recurring electronic payments from your checking account may be a better and more secure option to save you time and headaches.

## Go Paperless and Set Up Automatic Payments Today! It's Easy and Convenient!

Starting January 2023, all CAP members will be enrolled in paperless billing and will need to opt out if they would like to continue receiving paper bills for a **\$2 monthly fee**.

### Don't wait!

Enroll in paperless billing today! You can also set up automatic payments using your checking account.

### Here's how:

1. Visit <https://member.CAPphysicians.com> to log into your CAP account.  
Visit <https://member.CAPphysicians.com/register> to create an account if you do not have one.
2. Once logged in, select the green "Set Up Paperless Billing" button.
3. Select the "Via Email Only" button.
4. Verify your email address and click the "Save Changes" button.
5. Then, click on the "Pay CAP Bill" button. (Agree to the terms and conditions when prompted).
6. Click on the "Set Up Autopay Payments" button and select the "New Bank Account" option under the payment method drop down menu.
7. Provide the required information to complete your enrollment.

For assistance with your account or if you have questions about your membership, please call **800-610-6642** or email **MS@CAPphysicians.com**