

Hi-Way Hi-Lites



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AN NTA WHITE PAPER ON LEGAL PLANS – THE GOOD, THE BAD, AND THE UGLY!

Part 2 - By Wayne Schooling, CPSA

Legal Plans - The Good, the Bad, the Ugly!

Since I don't trust any company, I try to do my due diligence. I have checked a number of places on the internet such as the Better Business Bureau, Complaints.com, Prepaidlegalreviews.org, Ripoff.com, The truckersreport.com, Mediamoogle.com, Pyramidschemealert.org, Businessweek.com, Newsok.com, Stanford Law School - Securities Class Action Clearinghouse, and Consumeraffairs.com, the Federal Trade Commission and the various offices of Attorney Generals just to name a few.

The Good

For the Do-it-Yourself Driver.

1) The National Motorists Association (NMA) was founded in 1982 to represent and protect the interest of North American motorists. Their membership for a single person starts at \$35.00 per year. They are one of the prime reasons the government repealed the mandatory 55 mph highway speed limits back in 1995.

The NMA encourages people to challenge the use of traffic enforcement for revenue gathering purposes by

challenging every traffic ticket in court. They will provide you with a legal Defense Kit and plenty of one on one consultation on how to go to court and win. To promote this, the NMA Traffic Justice Program offers to pay for those NMA members who challenge their speeding tickets in court and are subsequently found guilty.

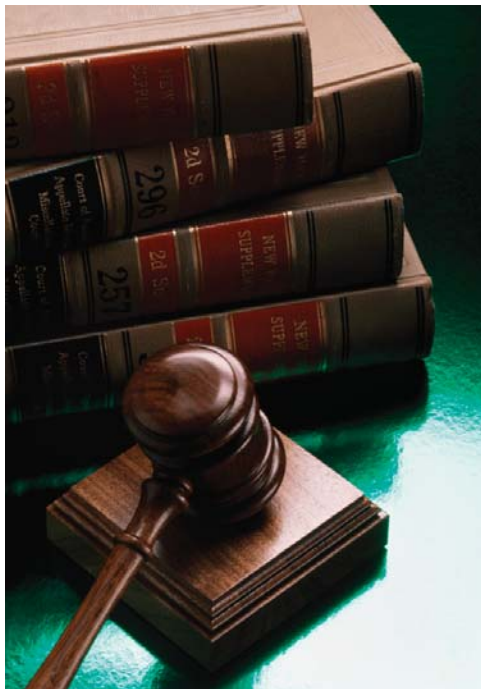
I have searched the internet far and wide and can find NO complaints.

For the Part Time Do-it-Yourself Driver.

The following also receives a Good Rating because it has an Accredited A+ rating from the Better Business Bureau since 1994. Most importantly the BBB processed a total of only two complaints in the last 36 months and both complaints were addressed by the company and they were all resolved. This was the least number of complaints that I found.

2) Jim Klepper is an Attorney and is Founder and President of Interstate Trucker Ltd. There are NO MONTHLY DUES and NO MEMBERSHIP FEES. And just as important, it is actually run by lawyers not just a bunch of salespeople like the other plans such as Pre-Paid Legal. At Interstate Trucker, if you get a ticket, you simply call them; tell them

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AN NTA WHITE PAPER ON LEGAL PLANS -THE GOOD, THE BAD, THE UGLY! *Part 2 cont. from page 1*

what the ticket is for and what court it is in. Interstate Trucker will then give you a Flat Fee to represent you in court. It's as simple as that!

For those of you who are simply too busy to fight your own tickets, Klepper and his group started the Drivers Legal Plan, where you just pay \$13.50 per month and a FLAT FEE of \$100 to represent you in court.

The Bad

3) American Truckers' Legal Association. The standard membership plan is \$38.50 per month, with an initial \$73.50 sign-up fee. A portion of the dues establishes each member with a legal fund ATLA applies toward attorney payments. Members joining under the Pre-Existing Program establish their legal fund with 8 months of dues at \$399.50 with one ticket. Each additional ticket setup fee is \$64.00. No dues are paid for 8 months then begin again at \$38.50 a month based on a commitment of one year's membership. So that means a total of \$462 the first year and every year thereafter.

ATLA has a BBB rating of A with 8 complaints listed. The Ripoff Report has 1 complaint and Labor Law Talk has 3 listed.

4) TVC Pro-Driver Inc rates a Bad rating in that it costs about \$40.00 per month and at Ripoff Report.com it has over 9 pages of complaints. The Truckers Report contained 19 complaints while P.A.M. Driver.net had 7 listed.

The Ugly

5) Pre-Paid Legal is most likely the oldest, biggest and the most expensive but still gets the last rating because even though it has an "A" rating by the BBB. The BBB also lists 230 complaints covering advertising issues [5], contract issues [22], billing issues [79], sales practice issues [12], delivery issues [1], service issues [22], customer service issues [23], guarantee issues [1], product issues

[2] and refund issues [63].

At Complaints.com there are 35 complaints. At Ripoff.com, there are 44 complaints. This gives Pre-Paid Legal a total of 309 complaints not counting several lawsuits.

In 2001, the office of the Attorney General of Wyoming announced the conclusion of an investigation involving alleged violations of the Wyoming Multilevel and Pyramid Distributorship Act by Pre-Paid Legal Services.

Pre-Paid Legal had to agree to cease using prohibited income statements, to pay fines and legal costs, and to reimburse consumers who had been misled by the false earning claims. They entered into a formal "Assurance of Voluntary Compliance."

Pre-Paid had to issue over \$2000 in refunds and was required to pay \$4000 in lieu of civil penalties and \$1000 to reimburse the Attorney General for expenses.

In an article dated April 2002 from Business Week, Pre-Paid laid out \$1.5 million to settle a series of lawsuits from customers in Alabama who claimed that it overstated the amount of legal coverage they offered. Since then, at least 20 new cases involving 113 former customers and salespeople have filed in that state.

In March 2002, four former salespeople filed a fraud and breach-of-contract suit in Oklahoma, this time accusing Pre-Paid of operating an "illegal pyramid scheme." On April 19, 2002, two other former customers filed lawsuits in Pre-Paid's home state of Oklahoma, alleging breach of contract, negligent hiring, training, and supervision, and other violations of the state's Consumer Protection Act.

In 2008, Pre-Paid Legal sold 552,327 memberships, and yet active membership fell by 16,648 during the same period. Roughly 568,975 memberships were cancelled in 2008.

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IN A MEDICAL EMERGENCY...

By Linda J. Woolf

A young mother rushes her infant daughter to the emergency room in the middle of the night with a high fever. She waits while the doctor examines the child and puts her on IV to combat the dehydration. The child has Medicaid and is normally seen at a clinic, which is open only during the day.

An adult male comes into the hospital emergency room with severe abdominal pain that has been persistent for over twenty-four hours. Although there is no fever, he is almost doubled over with pain. After several hours in the ER and numerous tests, he is admitted to the hospital for further observation. He has no insurance and no primary care physician.

A motorcyclist is the victim of a motorcycle versus truck accident. He is transported via ambulance to the nearest emergency room unconscious. He is treated in the emergency room, and then admitted to the hospital's ICU. He has insurance but with a high deductible and some co-pay.

The unconscious victim of an automobile accident in the mountains is transported via air ambulance to the nearest emergency room. She has no health insurance.

The common denominator in the above incidents is the need for emergency room services. When a person becomes sick or is injured they need someone in the medical field to examine them, tell them what is wrong and how to take care of the problem.

There are also monetary costs related to these emergency services. While in the ER, someone will begin the payment process by collecting financial information from the patient or someone who accompanies the patient. They will make certain all this information is distributed to the proper departments (radiology, lab, etc), so that they will also be able to bill for their services. If you are brought in by ambulance (land or air), they will make this information available to those agencies.

If you have Medicare, Medicaid, or other type of insurance you should be aware of what your policy will cover, especially in emergencies. If you do not have insurance then you should know what options would be available to you in the event of an emergency.

- **Medicaid** has various levels of coverage from a high share of cost (a share of cost is an amount that the patient will have to pay before Medicaid pays) to total payment of the services.



- **Medicare** has an annual deductible in addition to a co-insurance (usually 20% of the Medicare allowed amount). If the emergency room is a Medicare provider then they must adjust off the balance remaining after Medicare's allowed amount has been satisfied. (NOTE: If you have a Medicare Advantage Care Plan there may be other restrictions.)
- **Private insurances** (Blue Cross, Aetna, United Health, etc.) have a wide range of payment allowables. Lower premiums mean higher deductibles and co-pays. If your insurance company is contracted with the emergency room then they also must write off the balance

remaining after the contracted allowed amount has been satisfied.

The emergency room/hospital will be covered differently than the physicians, labs, etc. You will receive bills from the emergency room followed by bills from the physicians, radiology, laboratory, ambulance services, etc. Make certain the statements are itemized and correct. Check the items billed, the insurance payments and adjustments before you pay any portion of your share.

If you are uninsured you should be aware that you would probably be billed the highest amount by the hospitals because there is no contract with an insurance company. However, most hospitals will negotiate to a lower balance if you know who to contact and how to approach them. This is also true with physicians, health care facilities, ambulance services, etc. Also please note that while the emergency room billing personnel will try to collect at least a partial payment from you before you leave you are not required to pay this at the time service was rendered.

As for the four cases presented at the beginning of this article:

1. The emergency room bill for the infant came to over \$5,000. The hospital was a Medi-Cal provider (Medi-Cal is California's version of Medicaid). I obtained the necessary paperwork and it was submitted to the financial department. The bill was paid by Medi-Cal.
2. The male patient who came to the emergency room with severe abdominal pain was admitted to the hospital and had surgery. His bill came to over \$100,000. He had no insurance, and had a part time job. We applied to the Charity Care program of the hospital with all the required documents. After waiting several months it was approved and adjusted off.
3. The motorcyclist was admitted to the hospital. His stay was for almost a

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DO IT YOURSELF

By Christine Baratta

NTA believes in “helping others to succeed in business” and so do I; learn how to process your own “commercial licensing & permits,” I’ve been teaching people since 2002, in fact, my colleagues have criticized me because I teach people how to “do it yourself” therefore, eliminating our services. My thoughts are different; people are going to learn how to process commercial licensing & permits themselves, regardless of what my colleagues think. I’m just trying to help them “do it right and keep it honest.” My students have been fellow registration service agents, insurance agents, owner operators, computer programmers and safety consultants.

Over the last 8 years I’ve developed a “Commercial Licensing/Permits **Manual**” which I keep current and updated with the most recent information regarding this “ever changing” Transportation Industries’ Rules and Regulations. This Manual has copies of “actual” permits, applications, industry contact information (names, addresses, phone/fax, email, internet websites) and even personal contacts that I’ve personally worked with over the years.

The training class is a **four hour** “crash course” where I teach my trade secrets “DO’s and DON’T’s”, after 25 years I have a few short cuts! I spend two hours on the newest version IRP Handbook, terms, theory and application processing, then two hours on the most current 48 state permits/licensing requirements.

Included with the training class is **eight hours** of consulting. I make learning easy and basic, “what, when, why and how” and of course the MISS theory “make it simple stupid . It’s just like riding a bike, once you do it a couple of times, you’ve got it and looking back you say to yourself “oh I can do this and that wasn’t that hard!”

In addition to my training class, together with my programmers, we

have developed two software programs; IRPsoft and IFTAspread. These programs are used as tools to assist with application processing, calculations, automated forms generated, and record keeping requirements along with vehicle database capabilities.

The following topics are covered in the training class;

IRP (International Registration Plan) we review the entire handbook “cover to cover” focusing on areas that are used more frequently, such as requirements for opening new

“...people are going to learn how to process commercial licensing & permits themselves, regardless of what my colleagues think. I’m just trying to help them “do it right and keep it honest.”

accounts, processing supplements for adding and deleting equipment (with replacement credits or conversions), renewals, changing your states or weights, mileage reporting periods with estimate miles, actual miles and the evil E2’s (second year estimate miles). I make sure you learn how to calculate 100%CA fee, understanding this fee breakdown and last but definitely not least, I discuss none other than audits (another dirty word).

Commercial Permits we discuss the difference between Interstate and Intrastate permits. Which permits are continuous (never expiring) and which permits have grace periods,



state fees associated with each application and fines assessed if caught without current/proper permits. I explain the application process for FMCSA MC Authority permit (formally ICC permit), DOT permit, UCR, four mileage permits; NM, NY, OR, KY and IFTA (International Fuel Tax Agreement), 2290 Heavy Highway Vehicle Road Tax, FEIN and much more.

California Intrastate Permits consist of many permits; starting with CA number, BIT program, MCP permit, EPN Pull Notice, PUC TCP/PSG for motor coach companies just to name a few.

If this training class or software products are something you are interested in learning more about, please check out our website www.barattaenterprises.com and “learn to do it yourself.” ☑



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During the same period, the number of new sales associates enrolled decreased 17.8%. While this may seem like nit-picking, this trend is important to note for sales associates being recruited under the idea that Pre-Paid Legal memberships are taking the market by storm. Bottom line is that cancellations happen as quickly as memberships are sold.

In 2009, the Law Firm of Kaplan Fox & Kilsheimer LLP, a prominent New York law firm that fights corporate fraud, had been investigating Pre-Paid Legal for potential violations of the federal securities laws. On October 6, 2009, Pre-Paid Legal reported the receipt of a subpoena from the Division of Enforcement of the Securities and Exchange Commission in connection with a fact-finding inquiry.

In November 2009, the Federal Trade Commission has alleged that Pre-Paid Legal Services made misleading claims in the marketing of its identity theft products.

A Ponzi scheme is a fraudulent operation that depends on a constant

infusion of new investors to pay older ones and furnish cash for the scammers' lavish lifestyle. The Ponzi scheme usually entices new investors by offering high returns. The perpetuation of the returns that a Ponzi scheme advertises and pays requires an ever-increasing flow of money from investors to keep the scheme going. The scheme is named after Charles Ponzi, who became notorious in early 1920s.

While I would never go so far as to call Pre-Paid Legal a scam, it just amazes me that if you google "**class actions against Pre-Paid Legal**" or "**complaints against Pre-Paid Legal**" why do so many "complaints" exist on the internet for this company.

Finally, I would certainly recommend that if you do decide to cancel your membership, you better cancel your credit card first, as I had to do, otherwise you will certainly have problems. And if you use one of their attorneys, be sure to legally record the conversation or your going to be paying for so-called "free advice." 📞

IN A MEDICAL EMERGENCY *cont. from page 3*

month, which brought the bill to over \$200,000. He had a high deductible, but after that was met his insurance took care of the remaining bill. However, he continued to receive bills from the hospital. After a two year battle of trying to clear up the problem the hospital sent him to a collection agency. He contacted me. I went through all the hospital statements and the insurance payments and adjustments. I found that the hospital had incorrectly posted the deductible the patient had paid. In addition, I discovered that the hospital had not taken the correct adjustments from the insurance company, and also made several errors in posting some of the insurance payments. The hospital eventually sent him a refund, and the collection agency cleared his name (he was not reported to any credit bureaus).

4. The female auto accident victim's bill came to over \$300,000. She had no insurance and was unemployed. We were able to get her onto the Charity Care program, and the balance was adjusted off.

These incidents are real and could happen to anyone. If you are faced with an emergency and don't understand the mounting medical bills, or how to interpret the insurance explanation of benefits, then you should seek help from someone who understands medical codes and procedures as well as knowing what is expected from the insurance companies. 📞

Linda Woolf is president of Woolf Management Services, a medical billing advocate and consultant. She has worked in the medical billing field for over thirty years, and is a member of Medical Billing Advocates of America. She can be reached at wms98@sbcglobal.net

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