

*Wills v Foster* came down this morning from the Illinois Supreme Court. This is an important decision, and unfortunately, it is not a good decision for defendants and insurers. The court held that the plaintiff may seek recovery of the *full amount* of his medical bills even though only a portion has been paid by Medicare or Medicaid, and the provider has accepted this. Although the defendant may introduce evidence that the “reasonable value” of the medical services received is less than the amount billed, the defendant may *not* introduce evidence that the physician or hospital accepted a discounted amount from a collateral source, regardless of whether that collateral source is Medicaid, private insurance, or what have you.

The court established the "reasonable value" rule in Illinois, and re-affirmed *Arthur v. Catour* (allowing the full amount of the bill but holding that only the paid amount was presumed reasonable). While *Arthur* still stands, and the rule still remains that only the paid amount is *presumed* reasonable, *Wills* takes away the defendant's ability to argue that the trier of fact should look to what was actually paid to the provider to establish what that reasonable amount is. Thus, the defendant may have to put on an expert witness, such as a doctor or health insurance expert, to challenge the reasonableness of the medical bills, but will have to do so without mentioning what was actually paid or accepted in the case. In our opinion, the decision leaves open the possibility that such an expert may be able to testify as to what is usually paid for such services.