

# Amendment Summary

## A03848 (Eichelberger)

<b><u>COMMITTEE:</u></b>	Banking and Insurance	<b><u>DATE:</u></b>	10/16/2017
<b><u>PRIME SPONSOR:</u></b>	Eichelberger	<b><u>BILL NO:</u></b>	SB 373
<b><u>PREPARED BY:</u></b>	Carlton Logue	<b><u>PRINTER'S NO:</u></b>	364

Requires the dental claim form to clearly and conspicuous state whether the provider seeking authorization for direct payment from the insurer will bill the patient for any balance above the direct payment assigned to the provider. The insured may be required to pay any applicable copayments, coinsurances or deductibles at the time of service, however, the provider shall not require the insured to pay any other amount above the direct payment assigned to the provider at the point of service.

The act shall be applicable to insurance contracts issued 120 days after the effective date.