ON WRITTEN REQUEST OF THE CLAIMANT, AN INSURER THAT DENIES A CLAIM MADE ON AN INDIVIDUAL HEALTH INSURANCE POLICY SHALL GIVE WRITTEN NOTICE TO THE CLAIMANT THAT STATES FULLY THE REASON FOR THE DENIAL.

(B) EFFECT OF STATED REASON.

THE REASON GIVEN BY AN INSURER FOR DENIAL OF A CLAIM SHALL NOT ACT AS AN ESTOPPEL OR LIMIT THE INSURER FROM OFFERING AN ADDITIONAL REASON FOR THE DENIAL.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 468A.

In subsection (a) of this section, the reference to a claim "made on an individual health insurance policy" is substituted for the former reference to a claim "upon a policy of insurance as provided for in this subtitle" for clarity.

Also in subsection (a) of this section, the former reference to an insurer "under the provisions of this subtitle" is deleted as unnecessary in light of the reference to an insurer "that denies a claim made on an individual health insurance policy".

Defined terms: "Health insurance" § 1–101
"Insurer" § 1–101
"Policy" § 1–101

15–1007. SUMMARY EXPLANATION OF BENEFITS.

(A) SCOPE OF SECTION.

THIS SECTION APPLIES TO INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROPOSE TO ISSUE OR DELIVER INDIVIDUAL, GROUP, OR BLANKET HEALTH INSURANCE POLICIES OR CONTRACTS OR TO ADMINISTER HEALTH BENEFIT PROGRAMS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS ON AN EXPENSE–INCURRED BASIS.

(B) REQUIRED.

EACH ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE TO AN INSURED INDIVIDUAL WHO HAS FILED A CLAIM DESCRIBED IN SUBSECTION (C) OF THIS SECTION AN ANNUAL SUMMARY EXPLANATION OF BENEFITS THAT COVERS THE PRECEDING 12–MONTH PERIOD.

(C) CONTENTS.

THE SUMMARY EXPLANATION OF BENEFITS REQUIRED UNDER SUBSECTION (B) OF THIS SECTION SHALL PROVIDE A SUMMARY OF:

(1) ALL CLAIMS FILED BY HEALTH CARE PROVIDERS FOR SERVICES RENDERED TO THE INSURED INDIVIDUAL OR COVERED DEPENDENT OF THE INSURED INDIVIDUAL DURING AN INPATIENT HOSPITALIZATION OR AN OUTPATIENT SURGICAL PROCEDURE;