

(i) A health insurer or nonprofit health service plan that holds a certificate of authority and provides health insurance policies or contracts in the State in accordance with [Article 48A of the Code] THE INSURANCE ARTICLE or the Health - General Article;

19-1510.

(a) In addition to the duties set forth elsewhere in this subtitle, the Commission shall adopt regulations specifying the comprehensive standard health benefit plan to apply under [Subtitle 55 of Article 48A of the Code] TITLE 15, SUBTITLE 12 OF THE INSURANCE ARTICLE.

(b) In carrying out its duties under this section, the Commission shall comply with the provisions of [Article 48A, § 700 of the Code] § 15-1207 OF THE INSURANCE ARTICLE.

19-1515.

(c) (1) The fees assessed on payors in accordance with [Article 48A, § 490R of the Code] § 15-111 OF THE INSURANCE ARTICLE shall be apportioned among each payor based on the ratio of each such payor's total premiums collected in the State to the total collected premiums of all such payors in the State.

#### Article - Health Occupations

1-208.

(a) (3) "Third party payor" means any person that administers or provides reimbursement for health care benefits on an expense incurred basis including:

(ii) A health insurer or nonprofit health service plan authorized to offer health insurance policies or contracts in this State in accordance with [Article 48A of the Code] THE INSURANCE ARTICLE; or

(iii) A third party administrator registered under [Article 48A of the Code] THE INSURANCE ARTICLE.

(4) "Uniform claims form" means the claim or billing form for reimbursement of services rendered by a health care practitioner adopted by the Insurance Commissioner under [§ 490P of Article 48A of the Code] § 15-1003 OF THE INSURANCE ARTICLE.

1-305.

(b) If a claim, bill, or other demand or request for payment for health care services is denied under § 19-712.4 of the Health - General Article or [§ 354MM, § 470CC, or § 477MM of Article 48A of the Code] § 15-110 OF THE INSURANCE ARTICLE, the referring health care practitioner, health care entity, or other person furnishing the health care services may not submit a claim, bill, or other demand or request for payment to the person who received the health care services.