

In item (1) of this subsection, the former phrase "covered under the policy or contract", which modified health care services, is deleted as surplusage. Similarly, in item (2) of this subsection, the former phrase "covered under the contract", which modified health care services, is deleted.

In item (2) of this subsection, the reference to a "third party" administrator is added for clarity.

Defined terms: "Insured" § 14-201

"Insurer" § 1-101

"Policy" § 1-101

"Preferential basis" § 14-201

"Preferred provider" § 14-201

"Subscriber" § 14-201

(G) PROVIDER.

"PROVIDER" MEANS A PHYSICIAN, HOSPITAL, OR OTHER PERSON THAT IS LICENSED OR OTHERWISE AUTHORIZED TO PROVIDE HEALTH CARE SERVICES.

REVISOR'S NOTE: This subsection is new language derived without substantive change from former Art. 48A, § 655(h).

The former phrase "within the scope of the license or authorization" is deleted as implicit in the reference to a person that is "licensed or otherwise authorized" to provide health care services.

Defined term: "Person" § 1-101

(H) PROVIDER SERVICE CONTRACT.

"PROVIDER SERVICE CONTRACT" MEANS A CONTRACT BETWEEN A PROVIDER AND AN INSURER, EMPLOYER, THIRD PARTY ADMINISTRATOR, OR OTHER ENTITY, UNDER WHICH THE PROVIDER AGREES TO PROVIDE HEALTH CARE SERVICES ON A PREFERENTIAL BASIS UNDER SPECIFIC PREFERRED PROVIDER INSURANCE POLICIES.

REVISOR'S NOTE: This subsection is new language derived without substantive change from former Art. 48A, § 655(i).

The reference to a "third party" administrator is added for clarity.

The former reference to providing health care services "to insureds or subscribers" is deleted as unnecessary in light of the use of the defined term "preferred provider insurance policy".

Defined terms: "Insurer" § 1-101

"Preferential basis" § 14-201

"Preferred provider insurance policy" § 14-201

"Provider" § 14-201

(I) SUBSCRIBER.