

19-712.3.

(e) When necessary to determine eligibility for benefits or for determination of coverage, a health maintenance organization may obtain additional information from its subscriber or member, the employer of the subscriber or member, or any other non-provider third party, provided that any delays in paying a uniform claim resulting from obtaining this information are subject to the provisions of [§ 19-712.1(b) of this subtitle] § 15-1005 OF THE INSURANCE ARTICLE.

DRAFTER'S NOTE:

Error: Erroneous cross-reference in § 19-712.3(e) of the Health - General Article.

Occurred: As a result of Ch. 472, Acts of 1999.

19-712.4.

(e) (2) Any audit or investigation of any claim, bill, or other demand or request for payment for the purpose of determining whether those services were the result of the prohibited referral are not grounds to delay payment or waive the provisions of [§ 19-712.1 of this subtitle] § 15-1005 OF THE INSURANCE ARTICLE.

DRAFTER'S NOTE:

Error: Erroneous cross-reference in § 19-712.4(e)(2) of the Health - General Article.

Occurred: As a result of Ch. 472, Acts of 1999.

20-501.

(d) "Payor" means:

(3) A [third party administrator as defined in § 15-111] PERSON THAT IS REGISTERED AS AN ADMINISTRATOR UNDER TITLE 8, SUBTITLE 3 of the Insurance Article.

DRAFTER'S NOTE:

Error: Obsolete language and cross-reference in § 20-501(d)(3) of the Health - General Article.

Occurred: As a result of Ch. 702, Acts of 1999.

Article - Health Occupations

1-209.

(a) Each board shall assess each applicant for a license or a renewal of a license a fee established in accordance with the provisions of § [19-1515] 19-111 of the Health - General Article.

DRAFTER'S NOTE: