

6. FAIR AND REASONABLE BILLING AND PAYMENT POLICIES.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 70B, § 13(a), (b), and (d).

In the introductory language of subsection (b) of this section, the defined term "continuing care agreement" is substituted for the former reference to an "agreement executed between a subscriber and a provider" for consistency.

In subsection (b)(4) of this section, the phrase "subject to subsection (c) of this section" is added for clarity.

In subsection (b)(6) of this section, the phrase "if the number of persons ... changes" is substituted for the former phrase "in the event of an increase or decrease in the number of persons" for brevity.

In subsection (b)(7)(ii) of this section, the former reference to whether "or not" is deleted as implicit.

In subsection (b)(16) of this section, the reference to "address[ing] a subscriber's grievance" is substituted for the former reference to "investigat[ing] a subscriber's grievance" for consistency with § 10-428 of this subtitle.

In subsection (b)(20) of this section, the reference to the "provider" is substituted for the former reference to the "facility" for consistency.

In subsection (e)(2)(ii) of this section, the phrase "if the subscriber transfers" is substituted for the former phrase "if the subscriber is transferred" for accuracy and consistency with the Health Care Decisions Act.

Also in subsection (e)(2)(ii) of this section, the former phrase "[a]s part of the procedures to be followed under subsection (a)(4) of this section" is deleted as surplusage.

Defined terms: "Assisted living program" § 10-401

"Certified financial statement" § 10-401

"Continuing care" § 10-401

"Continuing care agreement" § 10-401

"Department" § 10-101

"Deposit" § 10-401

"Entrance fee" § 10-401

"Facility" § 10-401

"Health related services" § 10-401

"Person" §§ 1-101, 10-401

"Provider" § 10-401

"Subscriber" § 10-401