

AMENDMENTS TO SENATE BILL NO. 373

Sponsor: REPRESENTATIVE PICKETT

Printer's No. 1287

1 Amend Bill, page 3, lines 9 through 29, by striking out all
2 of said lines and inserting

3 (3) Except as provided in paragraph (4), a check for payment
4 of a claim covered under any dental care insurance policy issued
5 or renewed on or after the effective date of this paragraph for
6 covered dental care services provided by a licensed dental
7 provider, where the dental provider is not a participating
8 provider under a contract with a dental insurer, shall be made
9 out to both the dental provider and the insured. The checks
10 shall be sent to the insured. An out-of-network dental provider
11 shall not require the insured to pay any amount above any
12 applicable copayments, coinsurances or deductibles at the time
13 of service.

14 (4) Dental insurance policies issued or renewed on or after
15 the effective date of this paragraph, and dental claims forms
16 under those policies, shall allow an out-of-network provider of
17 the dental service to request that the dental insurer's payment
18 be made only to the provider. Where the insured, with written
19 attestation, agrees to the assignment of payment, the provider
20 shall not require the insured to pay an amount in excess of the
21 insurer's rate for the same service performed by a network
22 provider, except for any applicable copayments, coinsurances or
23 deductibles.

24 (5) Nothing in paragraph (3) or (4) shall preclude a dental
25 insurer and an out-of-network dental provider from agreeing to
26 an alternate payment arrangement. The provider shall not require
27 the insured to pay an amount in excess of the insurer's rate,
28 except for any applicable copayments, coinsurances or
29 deductibles.

30 Amend Bill, page 4, lines 4 through 19, by striking out all
31 of said lines

32 Amend Bill, page 4, line 20, by striking out "60" and
33 inserting

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