

By the Committee on Health Regulation; and Senators Gaetz, Sobel, Oelrich, Fasano, Bennett, Lynn, and Altman

588-05168-09

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1                                   A bill to be entitled  
 2           An act relating to health insurance; amending s.  
 3           627.638, F.S.; requiring that an insurer make payment  
 4           to the designated provider of services whenever an  
 5           insured, using any health insurance claim form,  
 6           specifically authorizes payment of benefits directly  
 7           to any recognized hospital, licensed ambulance  
 8           provider, physician, dentist, or other person who  
 9           provided the services in accordance with the  
 10          provisions of the policy; deleting an exception;  
 11          providing that the insurance contract may not prohibit  
 12          payment of benefits directly to such providers;  
 13          requiring that claims forms provide an option for such  
 14          payment; providing an effective date.

15  
 16 Be It Enacted by the Legislature of the State of Florida:

17  
 18           Section 1. Subsection (2) of section 627.638, Florida  
 19           Statutes, is amended to read:

20           627.638 Direct payment for hospital, medical services.—

21           (2) Whenever, in any health insurance claim form, an  
 22           insured specifically authorizes payment of benefits directly to  
 23           any recognized hospital, licensed ambulance provider, physician,  
 24           ~~or~~ dentist, or other person who provided the services in  
 25           accordance with the provisions of the policy, the insurer shall  
 26           make such payment to the designated provider of such services,  
 27           ~~unless otherwise provided in the insurance contract.~~ The  
 28           insurance contract may not prohibit, and claims forms must  
 29           provide an option for, the payment of benefits directly to a

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30 licensed hospital, licensed ambulance provider, physician, ~~or~~  
31 dentist, or other person who provided the services in accordance  
32 with the provisions of the policy for care provided pursuant to  
33 s. 395.1041 or part III of chapter 401. The insurer may require  
34 written attestation of assignment of benefits. Payment to the  
35 provider from the insurer may not be more than the amount that  
36 the insurer would otherwise have paid without the assignment.

37 Section 2. This act shall take effect July 1, 2009.