HOUSE BILL No. 5274

October 17, 1991, Introduced by Reps. Stallworth, Wallace, DeMars, Dobronski, Joe Young, Jr., Baade, Kilpatrick, Gire, Olshove, Kosteva, Gubow, Willis Bullard, London, Hoffman, Dolan, Middleton, Dalman, Brackenridge, Profit and Barns and referred to the Committee on Public Health.

A bill to amend Act No. 218 of the Public Acts of 1956, entitled as amended

"The insurance code of 1956,"

as amended, being sections 500.100 to 500.8302 of the Michigan Compiled Laws, by adding sections 2240 and 2241.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- Section 1. Act No. 218 of the Public Acts of 1956, as
- 2 amended, being sections 500.100 to 500.8302 of the Michigan
- 3 Compiled Laws, is amended by adding sections 2240 and 2241 to
- 4 read as follows:
- SEC. 2240. (1) BEGINNING OCTOBER 1, 1992 AND CONTINUING
- 6 UNTIL RULES ARE PROMULGATED UNDER SUBSECTION (2), EACH DISABILITY
- 7 INSURER SHALL REQUIRE ONLY THE FOLLOWING STANDARD MEDICAL CLAIM
- 8 FORM BE USED BEFORE A CLAIM IS PAID:

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MEDICAL CLAIM FORM

INSTRUCTIONS FOR FILING A CLAIM (PLEASE TYPE OR PRINT).

- FOR EACH ELIGIBLE FAMILY MEMBER, DEPENDENT OR SPOUSE SEPARATE ALL ITEMIZED BILL(S), RECEIPT(S), COPIES OF EXPLANATION OF BENEFITS FORMS OR CHECK VOUCHERS.
- COMPLETE A SEPARATE CLAIM FORM FOR EACH ELIGIBLE MEMBER.

 ATTACH EACH MEMBER'S ITEMIZED BILL(S) OR RECEIPT(S) TO HIS/HER COMPLETED CLAIM FORM(S). ALL COMPUTERIZED RECEIPTS SUBMITTED MUST INCLUDE THE PROVIDER SIGNATURE AND PROVIDER CODE
- SIGNATURE AND PROVIDER CODE.

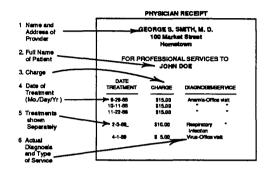
 IF APPLICABLE, ATTACH COPIES OF YOUR EXPLANATION OF MEDICARE BENEFITS FORM OR MEDICARE VOUCHER.

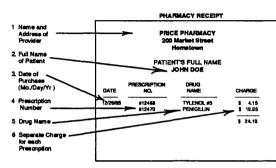
 SAVE COPIES OF ALL ITEMS SUBMITTED.

 CLAIM FORM SHOULD BE SIGNED BY THE (INSERT INSURED OR SUBSCRIBER)

(C)

EXAMPLES OF PROPERLY ITEMIZED RECEIPTS





CASH REGISTER RECEIPTS, CAN-CELLED CHECKS, MONEY ORDER RE-CEIPTS, UN-SIGNED COMPUTERIZED RECEIPTS OR STATEMENTS AND PERSONAL ITEMIZATIONS ARE NOT AC-CEPTABLE AND IF SUBMITTED BECOME THE PROPERTY OF (INSERT COMPANY NAME).

NOTE:

T. W. San at Street

FOR BEST SERVICE, PLEASE SUBMIT YOUR MEDICAL CLAIMS TO US AS SERVICES OCCUR.

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I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND THE ATTACHED EXPENSES WERE INCURRED BY THE ABOVE NAMED PATIENT. I UNDERSTAN (INSERT COMPANY NAME) AND MAY NOT BE RETURNED. I REALIZE FALS MATERIALS WILL RESULT IN CIVIL OR CRIMINAL PROSECUTION. I AUTHOR PROCESS OR REVIEW THIS CLAIM.														D A SE	RE	MA [*]	TER PTS	IAL OF	SUE } FI	TIME RAU	TE	D B LEN	ECO!	MES TER	THE	PRO	OPE OF	RTY THE	OF SE										
SIGNA	IGNATURE														YOUR RIGHT TO CONFIDENTIALITY																								
£														WE WILL NOT RELEASE ANY INFORMATION ABOUT YOU EXCEPT:														- 1											
DATE	()														1) WHEN YOU ASK US IN WRITING, OR 2) WHEN RELEASE (TO ANOTHER INSURANCE COMPANY FOR EXAMPLE) IS NECESSARY TO PROCESS														3										
CLAIM	CLAIM NUMBER (FOR COMPANY USE ONLY)													OR REVIEW A CLAIM. WE WILL TELL YOU WHICH INFORMATION WE RELEASED TO WHOM, IF YOU REQUEST IT.																									
															MAIL TO: (INSERT COMPANY'S NAME AND ADDRESS OF COMPANY OR REGIONAL CLAIMS CENTER.)																								

- (2) THE COMMISSIONER SHALL PROMULGATE RULES PURSUANT TO THE 1
- 2 ADMINISTRATIVE PROCEDURES ACT OF 1969, ACT NO. 306 OF THE PUBLIC
- 3 ACTS OF 1969, BEING SECTIONS 24.201 TO 24.328 OF THE MICHIGAN
- 4 COMPILED LAWS, ESTABLISHING, IN PLAIN ENGLISH, A STANDARD MEDICAL
- 5 CLAIM FORM TO BE USED BY EACH DISABILITY INSURER, EACH HEALTH
- 6 CARE CORPORATION, AND EACH HEALTH CARE MAINTENANCE ORGANIZATION.
- 7 THE STANDARD MEDICAL CLAIM FORM SHALL REQUIRE PROVIDERS TO LIST
- 8 EACH PROCEDURE AND SERVICE PERFORMED PURSUANT TO THE CODE IDENTI-
- 9 FIED FOR THAT PROCEDURE OR SERVICE IN THE PHYSICIANS' CURRENT
- 10 PROCEDURAL TERMINOLOGY. THE COMMISSIONER SHALL SUBMIT THE PRO-
- 11 POSED RULES FOR PUBLIC HEARING PURSUANT TO ACT NO. 306 OF THE
- 12 PUBLIC ACTS OF 1969 BY OCTOBER 1, 1994.
- 13 (3) UPON AN INSURED'S REQUEST, A DISABILITY INSURER SHALL
- 14 RELEASE TO THE INSURED A COPY OF THE INSURED'S STANDARD MEDICAL
- 15 CLAIM FORM WITH INFORMATION EXPLAINING THE CODING FOR THE PROCE-
- 16 DURE OR SERVICE PERFORMED.
- SEC. 2241. THE COMMISSIONER SHALL ENCOURAGE AND PROMOTE THE 17
- 18 ESTABLISHMENT AND USE OF REGIONAL CLAIMS CENTERS AND OTHER MEANS
- 19 TO REDUCE THE ADMINISTRATIVE EXPENSES OF DISABILITY INSURERS.