

24-A §2747. REVIEW AND ARBITRATION

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1. Any insurer denying medical expense reimbursement benefits on any of the grounds specified in subsection 2 for a claim filed pursuant to a policy issued under this chapter, other than a policy that is subject to section 4312, shall provide the policy or certificate holder with an opportunity to have the denial reviewed by the insurer and to arbitrate the denial if not satisfied after review. The right to review and arbitrate must be prominently set forth in any written notice sent to the policy or certificate holder denying the claim. The arbitration is nonbinding and must be carried out in accordance with procedures established by the insurer.

[2003, c. 428, Pt. H, §4 (AMD) .]

2. The procedure specified in subsection 1 shall apply to the denial of any medical expense reimbursement benefits based upon:

A. A health condition existing prior to the effective coverage of the policy or certificate; or [1981, c. 205, §2 (NEW) .]

B. The lack of medical necessity. [1981, c. 205, §2 (NEW) .]

[1981, c. 205, §2 (NEW) .]

SECTION HISTORY

1981, c. 205, §2 (NEW). 2003, c. 428, §H4 (AMD).

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