

## Assignment of Benefits

Alabama | Alaska | \*California | Colorado | Connecticut | Delaware | Florida  
Georgia | Idaho | Illinois | Maine | Missouri | Nevada | New Hampshire | New  
Jersey | North Carolina | Oregon | Rhode Island | Tennessee | Texas | Virginia  
Washington | Wyoming

*As of 01/2010*

<p><b>Alabama</b></p>	<p><b>§ 27-1-19. Reimburse- ment of health care providers.</b></p>	<p>The insured, or health or dental plan beneficiary may assign reimbursement for health or dental care services directly to the provider of services. The company or agency, when authorized by the insured, or health or dental plan beneficiary, shall pay directly to the health care provider the amount of the claim, under the same criteria and payment schedule that would have been reimbursed directly to the contract provider, and any applicable interest.</p>
<p><b>Alaska</b></p>	<p><b>21.54.020. Direct payment to providers</b></p>	<p>On the written request of a covered person, a health care insurer shall pay amounts due under a health insurance policy directly to the provider of medical care services. A health insurance policy may not contain a provision that requires services be provided by a particular hospital or person, except as applicable to a managed care plan under AS 21.07 or a health maintenance organization under AS 21.86.</p>
<p><b>*California</b></p>	<p><b>H &amp; S Code- 1371.4. authorization <i>*Emergency Situations Only</i></b></p>	<p>A health care service plan shall reimburse providers for emergency services and care provided to its enrollees, until the care results in stabilization of the enrollee, except as provided in subdivision (c). As long as federal or state law requires that emergency services and care be provided without first questioning the patient's ability to pay, a health care service plan shall not require a provider to obtain authorization prior to the provision of emergency services and care necessary to stabilize the enrollee's emergency medical condition.</p>
<p><b>Colorado</b></p>	<p><b>§ 10-16- 317.5. Assignment of benefits</b></p>	<p>An individual or group nonprofit hospital or medical service contract issued pursuant to the provisions of this article shall not prohibit a subscriber under the contract from assigning, in writing, benefits payable under the contract to a licensed hospital or other licensed health care provider for services provided to the subscriber which are covered under the contract.</p>

<b>Connecticut</b>	<b>§ 38a-472. Assignment of insurance proceeds to doctor, hospital or state agency. Lien for state care. Notice of lien</b>	Whenever a contract by a third party agency provides for payment to a beneficiary under the contract on account of bills incurred by him for medical, surgical or hospital care received by him, the assignment of the benefits of the contract by that beneficiary to the department head, as defined in <a href="#">section 4-5</a> , of a state agency, or any doctor or hospital rendering such care, when sent by registered or certified mail to the third party agency, with a copy to the insured, shall be authority for the payment directly by the third party agency to the assignee.
<b>Delaware</b>	<b>2720. Assignability</b>	A policy may be assignable or not assignable, as provided by its terms. Subject to its terms relating to assignability, a life or health insurance policy, whether heretofore or hereafter issued, under the terms of which the beneficiary may be changed upon the sole request of the insured or owner may be assigned either by pledge or transfer of title by an assignment executed by the insured or owner alone and delivered to the insurer, whether or not the pledgee or assignee is the insurer. Any such assignment shall entitle the insurer to deal with the assignee as the owner or pledgee of the policy in accordance with the terms of the assignment until the insurer has received at its home office written notice of termination of the assignment or pledge or written notice by or on behalf of some other person claiming some interest in the policy in conflict with the assignment.
<b>Florida</b>	<b>627.638. Direct payment for hospital, medical services</b>	627.638 Direct payment for hospital, medical services. Whenever, in any health insurance claim form, an insured specifically authorizes payment of benefits directly to any recognized hospital, licensed ambulance provider, physician, dentist, or other person who provided the services in accordance with the provisions of the policy, the insurer shall make such payment to the designated provider of such services. The insurance contract may not prohibit, and claims forms must provide an option for, the payment of benefits directly to a licensed hospital, licensed ambulance provider, physician, or dentist, or other person who provided the services in accordance with the provisions of the policy for care provided. The insurer may require written attestation of assignment of benefits. Payment to the provider from the insurer may not be more than the amount that the insurer would otherwise have paid without the assignment. [note: provision added to study costs implications with repealer if costs are excessive]

<b>Georgia</b>	<b>§ 33-24-54. Payment of benefits under accident and sickness policies to licensed nonparticipating or nonpreferred providers</b>	...whenever an ... or self-insured health benefit plan, by whatever name called, which is issued or administered by a person licensed under this title provides that any of its benefits are payable to a participating or preferred provider of health care services licensed under the provisions of ... for services rendered, the person licensed under this title shall be required to pay such benefits either directly to any similarly licensed nonparticipating or nonpreferred provider who has rendered such services, has a written assignment of benefits, and has caused written notice of such assignment to be given to the person licensed under this title or jointly to such nonparticipating or nonpreferred provider and to the insured, subscriber, or other covered person; provided, however, that in either case the person licensed under this title shall be required to send such benefit payments directly to the provider who has the written assignment.
<b>Idaho</b>	<b>§ 41-3417. Subscriber's contracts</b>	(3) ... contract shall permit a subscriber to direct that the payment of dental care benefits to which the subscriber is entitled, pursuant to the contract, be made in the name of the nonparticipant licensee providing covered dental care services authorized by the subscriber's contract.
<b>Illinois</b>	<b>215-5/370a. Assignability of Accident and Health Insurance</b>	No provision of the Illinois Insurance Code, or any other law, prohibits an insured under any policy of accident and health insurance or any other person who may be the owner of any rights under such policy from making an assignment of all or any part of his rights and privileges under the policy including but not limited to the right to designate a beneficiary and to have an individual policy issued in accordance with its terms. However, such assignment is without prejudice to the company on account of any payment it makes or individual policy it issues before receipt of notice of the assignment.
<b>Maine</b>	<b>24-19 (subchapter 1) 2332-H. Assignment of benefits</b>	All contracts providing benefits for medical or dental care on an expense-incurred basis must contain a provision permitting the insured to assign benefits for such care to the provider of the care. An assignment of benefits under this section does not affect or limit the payment of benefits otherwise payable under the contract.

<p><b>Missouri</b></p>	<p><b>376.427. Assignment of benefits made by insured to provider-- payment, how made-- exceptions-- all claims to be paid, when</b>   <b>(DSGA note: excludes non-par/See Section 4)</b></p>	<p>2. Upon receipt of an assignment of benefits made by the insured to a provider, the insurer shall issue the instrument of payment for a claim for payment for health care services in the name of the provider. All claims shall be paid within thirty days of the receipt by the insurer of all documents reasonably needed to determine the claim.</p> <p>3. Nothing in this section shall preclude an insurer from voluntarily issuing an instrument of payment in the single name of the provider.</p> <p>4. This section shall not require any insurer, health services corporation, health maintenance corporation or preferred provider organization which directly contracts with certain members of a class of providers for the delivery of health care services to issue payment as provided pursuant to this section to those members of the class which do not have a contract with the insurer.</p>
<p><b>Nevada</b></p>	<p><b>689A.135. Assignment of benefits to provider of health care</b></p>	<p>A person insured under a policy of health insurance may assign his right to benefits to the provider of health care who provided the services covered by the policy. The insurer shall pay all or the part of the benefits assigned by the insured to the person designated by him. A payment made pursuant to this subsection discharges the insurer's obligation to pay those benefits.</p> <p>If the insured makes an assignment under this section, but the insurer after receiving a copy of the assignment pays the benefits to the insured, the insurer shall also pay those benefits to the provider of health care who received the assignment as soon as the insurer receives notice of the incorrect payment.</p>

<p><b>New Hampshire</b></p>	<p><b>420-B:8-n Point of Service Plans</b></p>	<p>VIII. All point-of-service contracts and certificates shall contain a provision permitting the enrollee to assign any benefits provided for medical or dental care on an expense-incurred basis to the provider of care. An assignment of benefits under this paragraph does not affect or limit the payment of benefits otherwise payable under the contract or certificate.</p>
<p><b>New Jersey</b></p>	<p><b>17B:24-4. Assignments</b></p>	<p>Nothing in this Title shall prohibit any person insured under an insurance policy or annuity contract, other than group, from assigning or not assigning, as provided by its terms. Subject to its terms relating to assignability, any life or health insurance policy or annuity contract, other than group, whether heretofore or hereafter issued, under the terms of which the beneficiary may be changed upon the sole request of the insured or owner, if other than the insured, may be assigned either by pledge or transfer of title, by an assignment executed by the insured or such owner alone and delivered to the insurer, whether or not the pledgee or assignee is the insurer. Any such assignment shall entitle the insurer to deal with the assignee as the owner or pledgee of the insurance policy or annuity contract, other than group, in accordance with the terms of the assignment, until the insurer has received at its home office written notice of termination of the assignment or pledge.</p> <p>Nothing in this title shall prohibit any person insured under a group insurance contract, pursuant to an arrangement among the insured, the group policyholder and the insurer, from making to any person an assignment of the rights and benefits conferred on him by any provision of such contract or by law including specifically but not by way of limitation the right to have issued to him an individual policy as set forth in <a href="#">section 17B:27-19</a> and <a href="#">section 17B:27-20</a>, <a href="#">[FN1]</a> the right to name a beneficiary and the right to receive any proceeds of the policy payable during the lifetime of the insured. Any such assignment, whether made before or after the effective date of this law, shall entitle the insurer to deal with the assignee as the owner of all rights and benefits conferred on the insured under the policy in accordance with the terms of the assignment.</p>

<b>North Carolina</b>	<b>58-3-225. Prompt claim payments under health benefit plans</b>	<p>"Claimant" includes a health care provider or facility that is responsible or permitted under contract with the insurer or by valid assignment of benefits for directly making the claim with an insurer.</p> <p>An insurer shall, within 30 calendar days after receipt of a claim, send by electronic or paper mail to the claimant payment of the claim.</p>
<b>Oregon</b>	TITLE 56 Insurance <b>743.531. Direct payment...</b>	<p>A group health insurance policy may on request by the group policyholder provide that all or any portion of any indemnities provided by such policy on account of hospital, nursing, medical or surgical services may, at the insurer's option, be paid directly to the hospital or person rendering such services. However, the amount of any such payment shall not exceed the amount of benefit provided by the policy with respect to the service or billing of the provider of aid. The amount of such payments pursuant to one or more assignments shall not exceed the amount of expenses incurred on account of such hospitalization or medical or surgical aid.</p>
<b>Rhode Island</b>	<b>27-18-63. Dental insurance assignment of benefits</b>	<p>(Insurers) shall allow...any person insured by such entity to direct, in writing, that benefits from a <b>health</b> benefit plan, policy or contract, be paid directly to a dental care provider who has not contracted with the entity to provide dental services to persons covered by the entity but otherwise meets the credentialing criteria of the entity and has not previously been terminated by such entity as a participating provider. If written direction to pay is executed and written notice of the direction to pay is provided to such entity, the insuring entity shall pay the benefits directly to the dental care provider. Any efforts to modify the amount of benefits paid directly to the dental care provider under this section may include a reduction in benefits paid of no more than five percent (5%) less than the benefits paid to participating dentists. The entity paying the dentist, pursuant to a direction to pay duly executed by the subscriber, shall have the right to review the records of the dentist receiving such payment that relate exclusively to that particular subscriber/patient to determine that the service in question was rendered.</p>
<b>Tennessee</b>	<b>56-7-120. Assignment of benefits</b>	<p>Notwithstanding any provision...to the contrary, whenever any policy of insurance issued in this state provides for coverage of health care rendered by a provider covered under title 63, the insured or other persons entitled to benefits under such policy shall be entitled to assign these benefits to the health care provider.</p>

<b>Texas</b>	Title 8. Subtitle A. <b>§ 1204.053.</b> <b>Assignment of Benefits</b>	An insurer may not deliver, renew, or issue for delivery in this state a health insurance policy that prohibits or restricts a covered person from making a written assignment of benefits to a physician or other health care provider who provides health care services to the person.
<b>Virginia</b>	<b>38.2-3407.13.</b> <b>Refusal to accept assignments prohibited; dentists and oral surgeons</b>	No insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical or major medical coverage on an expense-incurred basis, no corporation providing individual or group accident and sickness subscription contracts, and no dental services plan offering or administering prepaid dental services shall refuse to accept or make reimbursement pursuant to an <b>assignment of benefits</b> made to a dentist or oral surgeon by an insured, subscriber or plan enrollee.
<b>Washington</b>	<b>48.44.026.</b> <b>Payment for certain health care services</b>	Checks in payment for claims pursuant to any health care service contract for health care services provided by persons licensed or regulated under chapters ..., where the provider is not a participating provider under a contract with the health care service contractor, shall be made out to both the provider and the enrolled participant with the provider as the first named payee, jointly, to require endorsement by each: PROVIDED, That payment shall be made in the single name of the enrolled participant if the enrolled participant as part of his or her claim furnishes evidence of prepayment to the health care service provider: AND PROVIDED FURTHER, That nothing in this section shall preclude a health care service contractor from voluntarily issuing payment in the single name of the provider.
<b>Wyoming</b>	<b>26-15-136.</b> <b>Assignment of insurance proceeds to doctor, hospital or state agency; lien for state care; notice of lien</b>	Whenever a contract by a third party agency provides for payment to a beneficiary under the contract for expenses incurred by him for medical, surgical or hospital care, the beneficiary shall assign the benefits of the contract to the Wyoming department of health or any doctor or hospital, or other practitioner rendering the care in an amount equal to the value of the care rendered. Notification sent by registered or certified mail to the third party agency, with a copy to the insured, shall provide authority for the payment directly by the third party agency to the assignee. The state shall have a lien, in an amount equal to the care rendered, on the proceeds of the contracts for care rendered by any hospital, institution or other facility, written notice of which shall provide authority for payment directly by the third party agency to the state.