

26-21-20 Requirement for hospitals to provide statements of itemized charges to patients.

- (1) For purposes of this section, "hospital" includes:
 - (a) an ambulatory surgical facility;
 - (b) a general acute hospital; and
 - (c) a specialty hospital.
- (2) A hospital shall provide a statement of itemized charges to any patient receiving medical care or other services from that hospital.
- (3)
 - (a) The statement shall be provided to the patient or the patient's personal representative or agent at the hospital's expense, personally, by mail, or by verifiable electronic delivery after the hospital receives an explanation of benefits from a third party payer which indicates the patient's remaining responsibility for the hospital charges.
 - (b) If the statement is not provided to a third party, it shall be provided to the patient as soon as possible and practicable.
- (4) The statement required by this section:
 - (a) shall itemize each of the charges actually provided by the hospital to the patient;
 - (b)
 - (i) shall include the words in bold "THIS IS THE BALANCE DUE AFTER PAYMENT FROM YOUR HEALTH INSURER"; or
 - (ii) shall include other appropriate language if the statement is sent to the patient under Subsection (3)(b); and
 - (c) may not include charges of physicians who bill separately.
- (5) The requirements of this section do not apply to patients who receive services from a hospital under Title XIX of the Social Security Act.
- (6) Nothing in this section prohibits a hospital from sending an itemized billing statement to a patient before the hospital has received an explanation of benefits from an insurer. If a hospital provides a statement of itemized charges to a patient prior to receiving the explanation of benefits from an insurer, the itemized statement shall be marked in bold: "DUPLICATE: DO NOT PAY" or other appropriate language.

Amended by Chapter 11, 2009 General Session