

88           ~~[(7)]~~ (7) A health care provider shall return to an insured any amount the insured  
89 overpaid, including interest that begins accruing 90 days after the date of the overpayment, if:

90           (i) the insured has multiple insurers with whom the health care provider has contracts  
91 that cover the insured; and

92           (ii) the health care provider becomes aware that the health care provider has received,  
93 for any reason, payment for a claim in an amount greater than the health care provider's  
94 contracted rate allows.

95           ~~[(8)]~~ (8) The commissioner shall make rules consistent with this chapter governing  
96 disclosure to the insured of customary charges by health care providers on the explanation of  
97 benefits as part of the claims payment process. These rules shall be limited to the form and  
98 content of the disclosures on the explanation of benefits, and shall include:

99           (a) a requirement that the method of determination of any specifically referenced  
100 customary charges and the range of the customary charges be disclosed; and

101           (b) a prohibition against an implication that the health care provider is charging  
102 excessively if the health care provider is:

103           (i) a participating provider; and

104           (ii) prohibited from balance billing.

105           Section 3. Section **58-1-508** is enacted to read:

106           **58-1-508. Failure to follow certain health care claims practices -- Penalties.**

107           (1) As used in this section, "health care provider" means an individual who is licensed  
108 to provide health care services under this title.

109           (2) The division may assess a fine of up to \$500 per violation against a health care  
110 provider who violates Subsection 31A-36-301.5(4).

111           (3) The division shall waive the fine described in Subsection (2) if the health care  
112 provider demonstrates to the division that the health care provider mitigated and reversed any  
113 credit damage to the insured caused by the health care provider's violation.

114           Section 4. Section **62A-2-112** is amended to read:

115           **62A-2-112. Violations -- Penalties.**

116           (1) ~~Ĥ~~ → [A] As ~~←Ĥ~~ used in this section, "health care provider" means a person licensed  
116a to provide

117 health care services under this chapter.

118           ~~[(2)]~~ (2) The office may deny, place conditions on, suspend, or revoke a human