

152 reflecting the supplier's cancellation policy but not less than three business days) AFTER THE
153 DATE OF THE TRANSACTION OR RECEIPT OF THE PRODUCT, WHICHEVER IS
154 LATER."

155 (b) A supplier is exempt from the requirements of Subsection (2)(m) if the supplier's
156 cancellation policy:

- 157 (i) is communicated to the buyer; and
- 158 (ii) offers greater rights to the buyer than Subsection (2)(m).

159 (4) (a) A gift certificate, instrument, or other record that does not print an expiration
160 date in accordance with Subsection (2)(v) does not expire.

161 (b) A gift certificate, instrument, or other record that does not include printed
162 information concerning a fee to be charged and deducted from the balance of the gift
163 certificate, instrument, or other record is not subject to the charging and deduction of the fee.

164 (c) Subsections (2)(v) and (4)(b) do not apply to a gift certificate, instrument, or other
165 record useable at multiple, unaffiliated sellers of goods or services if an expiration date is
166 printed on the gift certificate, instrument, or other record.

167 Section 2. Section 13-59-202 is enacted to read:

168 **13-59-202. Consumer medical billing safe harbor.**

169 (1) As used in this section:

170 (a) "Billing period" means the period between the day on which ~~H→~~ **[a patient receives a**
171 **service or procedure] a patient's service or procedure is completed ←H** and the day that is 90
171a days after the day on which ~~H→~~ [the patient receives the
172 **service or procedure] the patient's service or procedure is completed ←H** .

173 (b) "Insured patient" means a patient for whom a responsible party has provided proof
174 of coverage under a health benefit plan.

175 (c) "Patient" means an individual receiving the service or procedure.

176 (d) "Responsible party" means:

- 177 (i) the patient;
- 178 (ii) if the patient is a minor, the minor's parent or guardian; or
- 179 (iii) another individual designated by the patient.

180 (2) (a) For an insured patient, a health care provider or the health care provider's
181 representative may not, after the billing period expires:

- 182 (i) file a claim for the service or procedure with the patient's health benefit plan; or

183 (ii) attempt to collect payment for the service or procedure.

184 (b) Subsection (2)(a) does not apply if a health care provider can show the health care
 185 provider or the health care provider's representative filed a claim with ~~H~~→ **[the patient's health**
 186 **benefit plan] any health benefit plan on record with the health care provider ←~~H~~ within the
 186a billing period.**

187 (3) (a) For a patient who is not an insured patient, a health care provider or the health
 188 care provider's representative may not attempt to collect payment for the service or procedure
 189 after the billing period expires.

190 (b) Subsection (3)(a) does not apply if a health care provider can show the health care
 191 provider or the health care provider's representative sent a bill to the responsible party's last
 192 known mailing or email address within the billing period.

192a ~~H~~→ **(4) This section does not apply to any claim submitted to or by the state Medicaid**
 192b **program.** ←~~H~~

193 Section 3. Section **31A-26-301.5** is amended to read:

194 **31A-26-301.5. Health care claims practices.**

195 (1) (a) Except as provided in Section 31A-8-407, an insured retains ultimate
 196 responsibility for paying for health care services the insured receives.

197 (b) If a health care service is covered by one or more individual or group health
 198 insurance policies, all insurers covering the insured have the responsibility to pay valid health
 199 care claims in a timely manner according to the terms and limits specified in the policies.

200 (2) [~~A~~] Subject to Section 13-59-202 and Section 31A-22-610.1, a health care provider
 201 may:

202 [~~(a) except as provided in Section 31A-22-610.1;~~]

203 (a) bill and collect for any deductible, copayment, or uncovered service; and

204 (b) bill an insured for services covered by health insurance policies or otherwise notify
 205 the insured of the expenses covered by the policies.

206 (3) [~~Beginning October 31, 1992, all~~] All insurers covering the insured shall notify the
 207 insured of payment and the amount of payment made to the health care provider.

208 (4) A health care provider shall return to an insured any amount the insured overpaid,
 209 including interest that begins accruing 90 days after the date of the overpayment, if:

210 (a) the insured has multiple insurers with whom the health care provider has contracts
 211 that cover the insured; and

212 (b) the health care provider becomes aware that the health care provider has received,
 213 for any reason, payment for a claim in an amount greater than the health care provider's