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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 3@ Health Care Services

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Article 1.3@ General Provisions

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Section 51002@ Beneficiary Billing

51002 Beneficiary Billing

(a)

A provider of service under the Medi-Cal program shall not submit claims to or demand or otherwise collect reimbursement from a Medi-Cal beneficiary, or from other persons on behalf of the beneficiary, for any service included in the Medi-Cal program's scope of benefits in addition to a claim submitted to the Medi-Cal program for that service, except to: (1) Collect payments due under a contractual or legal entitlement pursuant to Section 14000(b) of the Welfare and Institutions Code. (2) Bill a long-term care patient for the amount of his liability. (3) Collect copayment pursuant to Welfare and Institutions Code Section 14134.

(1)

Collect payments due under a contractual or legal entitlement pursuant to Section 14000(b) of the Welfare and Institutions Code.

(2)

Bill a long-term care patient for the amount of his liability.

(3)

Collect copayment pursuant to Welfare and Institutions Code Section 14134.

(b)

In the event that a beneficiary willfully refuses to provide current other health care coverage billing information as described in Section 50763(a) (5) to a provider, upon giving the beneficiary written notice of intent, the provider may bill the

beneficiary as a private pay patient. This shall not apply for beneficiaries covered under Medi-Cal capitated contracting arrangements. Capitated contractor or subcontractor billing beneficiaries covered under Medi-Cal capitated contracting arrangements shall be governed by applicable laws including Welfare and Institutions Code and by; the terms of the contract.