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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 6@ Eligibility for Payment

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Section 51480@ Discriminatory Billings

51480 Discriminatory Billings

(a)

No provider shall bill or submit a claim for reimbursement for the rendering of health care services to a Medi-Cal beneficiary in any amount greater or higher than the usual fee charged by the provider to the general public for the same service.

(b)

Notwithstanding (a) above, if an organized outpatient clinic renders services without charge to the general public under programs other than Titles XVIII or XIX financed by federal or state funds, Medi-Cal may be considered a third party payor and be billed for Medi-Cal covered services when rendered to Medi-Cal beneficiaries, provided that: (1) The clinic has an established fee schedule; and (2) It ascertains from all individuals served whether they have any third party coverage for medical care or services, and, where such coverage is available, that third party coverage is billed and diligent efforts made to collect such claimed amounts; and (3) Medi-Cal is not the only third party payor from which the clinic seeks payment.

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(3)

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