

## **53624 Claims Filing**

### **(a)**

A provider may submit a dispute to the Department by filing a claim accompanied by a copy of the proof of service of the claim on the plan.

### **(b)**

A claim and proof of service shall be filed within 120 days after the dispute arose.

### **(c)**

For the purposes of this article, a dispute is deemed to arise upon the occurrence of the earlier of the following events:(1) A plan sends notice of rejection or reduction of a demand for payment for care under emergency circumstances. In this case, the dispute arises on receipt of the notice by the provider. (2) A plan fails to pay a demand for payment for care under emergency circumstances within 60 days after the demand was properly mailed to the plan.

#### **(1)**

A plan sends notice of rejection or reduction of a demand for payment for care under emergency circumstances. In this case, the dispute arises on receipt of the notice by the provider.

#### **(2)**

A plan fails to pay a demand for payment for care under emergency circumstances within 60 days after the demand was properly mailed to the plan.

### **(d)**

No claim shall be filed or prosecuted by an assignee of the claim.

**(e)**

A claim shall not be accepted for filing concerning any dispute in which the demand for payment was made more than two years after the termination of the provider's services.