

§1718-H. Disclosure related to annual wellness visit

A health care entity, as defined in section 1718-B, subsection 1, paragraph B, at the time of an annual wellness visit by an insured patient, shall disclose to the patient that not all services provided during the course of an annual wellness visit may be covered as preventive services without any out-of-pocket costs to the patient by the patient's health plan, as defined in Title 24-A, section 4301-A, subsection 7, and that, if the patient has questions about the scope of covered services under the patient's health plan, the patient should contact the patient's health insurance carrier. [PL 2023, c. 80, §1 (NEW).]

SECTION HISTORY

PL 2023, c. 80, §1 (NEW).

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