Dental Insurance Reform
Assignment of Benefits

Assignment of Benefits

Assignment of benefit laws empower patients to have their benefit payment sent directly to their dentist. These laws require dental plans to pay dentists directly when the enrolled patient instructs their plans to do so. The information on the following pages is current as of August 2021. For more state-based resources on dental insurance reform, visit ADA.org/dentalinsurance.

STATES WITH ASSIGNMENT OF BENEFITS LAWS

Click on a state to go to its summary in this document.

DEFINITIONS OF TERMS USED IN LEFT MARGIN

- *Dental:* State law applies specifically to dental plans or dentists.
- *General:* State law does not specify dental or may apply to non-dental professions.

STATE	CODE CITATION	SUMMARY
ALABAMA • *Dental* 1994	§ 27-1-19. *Reimbursement of health care providers*	The insured, or health or dental plan beneficiary may assign reimbursement for health or dental care services directly to the provider of services. The company or agency, when authorized by the insured, or health or dental plan beneficiary, shall pay directly to the health care provider the amount of the claim, under the same criteria and payment schedule that would have been reimbursed directly to the contract provider, and any applicable interest.
ALASKA • *Dental* 1990; 1996	21.07.020(5) *Required contract provisions for health care insurance policy* §21.51.120 *Payment of claims*	**Sec. 21.07.020.** Required contract provisions for health care insurance policy A health care insurance policy must contain a provision (5) describing a mechanism for assignment of benefits for health care providers and payment of benefits

 Updated: 9/3/2021

		Sec. 21.51.120. Payment of claims (a) A health insurance policy delivered or issued for delivery must contain the following provisions: (2) the insurer may, and upon written request of the insured shall, pay indemnities for hospital, nursing, medical, dental, or surgical services directly to the provider of the services; an insurer who pays indemnities to an insured, after the insured has given the insurer written notice in the proof of loss statement of an election of direct payment of indemnities to the provider of the services, shall also pay indemnities to the provider of the services; this paragraph does not require that services be provided by a particular hospital or person.
ARIZONA • *Dental* 2021	20-464. *Prohibiting payment for services to persons other than the assignee*	**20-464. Prohibiting payment for services to persons other than the assignee** A. If an insured assigns to a covered health care provider performing services covered by the contract payment for benefits under a disability insurance contract, a group disability insurance contract or a blanket disability insurance contract, the contract does not prohibit assignments and the assignment is delivered to the insurer, payment may be made only to the health care provider to whom payment has been assigned. B. Notwithstanding chapter 4, article 3 of this title, this section applies to a service corporation.
COLORADO • *Dental* 1992 Back to top	§10-16-317.5. *Assignment of benefits* §10-16-106.7. *Assignment of health insurance benefits*	**§10-16-317.5. Assignment of benefits.** An individual or group nonprofit hospital or medical service contract issued pursuant to the provisions of this article shall not prohibit a subscriber under the contract from assigning, in writing, benefits payable under the contract to a licensed hospital or other licensed health care provider for services provided to the subscriber, which are covered under the contract. **10-16-106.7. Assignment of health insurance benefits.** (1)(a) Any carrier that provides health coverage to a covered person shall allow, but not require, such covered person under the policy to assign, in writing, payments due under the policy to a licensed hospital, other licensed health care provider, an occupational therapist as defined in section 12-40.5-103, C.R.S., or a massage therapist as defined in section 12-35.5-103 (8), C.R.S.,

Back to top		also referred to in this section as the “provider”, for services provided to the covered person that are covered under the policy. (2)(a) When a provider receives an assignment from a covered person, it is the responsibility of the provider to bill the carrier and notify the carrier that the provider holds an assignment on file. The carrier shall honor the assignment the same as if a copy of the assignment had been received by the carrier. Only upon request of the carrier shall the provider be required to give the carrier a copy of the assignment. (b) The carrier shall honor the assignment and make payment of covered benefits directly to the provider. If the carrier fails to honor the assignment by making payment to the covered person and if the covered person, upon receipt of such payment, fails to pay an amount equivalent to such payment to the provider within forty-five days, the carrier shall be liable for the payment directly to the provider. It shall be the responsibility of the provider to notify the carrier if payment has not been received. In such case, the carrier shall make payment of covered benefits as specified in section 10-16-106.5. **10-16-102 Definitions** (26.3) **Licensed health care provider** shall have the same meaning as in section 10-4-601. **10-4-601** ***Carrier*** means any entity that provides health coverage in this state, including a franchise insurance plan, a fraternal benefit society, a health maintenance organization, a nonprofit hospital and health service corporation, a sickness and accident insurance company, and any other entity providing a plan of health insurance or health benefits subject to the insurance laws and rules of Colorado. ***Health coverage plan*** means a policy, contract, certificate, or agreement entered into, offered, or issued by a carrier to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services. ***Health care services*** means any services included in or incidental to the furnishing of medical, mental, dental, or optometric care; hospitalization; or nursing home care to an individual, as well as the furnishing to any person of any other services for the purpose of preventing, alleviating, curing, or healing human physical or mental illness or injury. Health care services includes the rendering of the

		services through the use of telehealth, as defined in section 10-16-123 (4)(e). ***Licensed health care provider*** means a person, corporation, facility, or institution licensed or certified by this state to provide health care or professional services as a hospital, health care facility, or dispensary or to practice and practicing medicine, osteopathy, chiropractic, nursing, physical therapy, podiatry, **dentistry**, pharmacy, acupuncture, or optometry in this state, or an officer, employee, or agent of the person, corporation, facility, or institution working under the supervision of the person, corporation, facility, or institution in providing health care services.
CONNECTICUT • *Dental* 2000	§ 38a-491b. *Assignment of benefits to a dentist or oral surgeon*	No insurer, health care center, hospital service corporation, medical service corporation or other entity delivering, issuing for delivery, renewing, continuing or amending any individual health insurance policy in this state providing coverage of the type specified in subdivisions (1), (2), (4), (11), and (12) of section 38a-469, and no dental services plan offering or administering dental services, may refuse to accept or make reimbursement pursuant to an assignment of benefits made to a dentist or oral surgeon by an insured, subscriber or enrollee, provided (1) The dentist or oral surgeon charges the insured, subscriber, or enrollee no more for services than the dentist or surgeon charges uninsured patients for the same services, and (2) The dentist or oral surgeon allows the insurer, health care center, corporation, or entity to review the records related to the insured, subscriber, or enrollee during regular business hours. The insurer, health care center, corporation, or entity shall give the dentist or oral surgeon at least 48 hours' notice prior to such review. As used in this section, "assignment of benefits" means the transfer of dental care coverage reimbursement benefits or other rights under an insurance policy, subscription contract, or dental services plan by an insured, subscriber, or enrollee to a dentist or oral surgeon.
FLORIDA • *Dental* 2005 Back to top	§ 627.638. *Direct payment for hospital, medical services*	**627.638 Direct payment for hospital, medical services.** (2) Whenever, in any health insurance claim form, an insured specifically authorizes payment of benefits directly to any recognized hospital, licensed ambulance provider, physician, dentist, or other person who provided the services in accordance

		with the provisions of the policy, the insurer shall make such payment to the designated provider of such services. The insurance contract may not prohibit, and claims forms must provide an option for, the payment of benefits directly to a licensed hospital, licensed ambulance provider, physician, or dentist, or other person who provided the services in accordance with the provisions of the policy for care provided. The insurer may require written attestation of assignment of benefits. Payment to the provider from the insurer may not be more than the amount that the insurer would otherwise have paid without the assignment. Provision added to study cost implications with repealer if costs to state group health plan were excessive and provider network shrunk—neither was reported, so law was not repealed.
GEORGIA • *Dental* 1992 Back to top	§ 33-24-54. *Payments to nonparticipating or nonpreferred providers of health care services* § 33-24-59.3. *Payments sent directly to health care provider by insurer*	**33-24-54** …whenever an accident and sickness insurance policy, subscriber contract, or self-insured health benefit plan, by whatever name called, which is issued or administered by a person licensed under this title provides that any of its benefits are payable to a participating or preferred provider of health care services licensed under the provisions of Chapter 4 of Title 26 or of Chapter 9 **[Dental],** 11, 30, 34, 35, or 39 of Title 43 or of Chapter 11 of Title 31 for services rendered, the person licensed under this title shall be required to pay such benefits either directly to any similarly licensed nonparticipating or nonpreferred provider who has rendered such services, has a written assignment of benefits, and has caused written notice of such assignment to be given to the person licensed under this title or jointly to such nonparticipating or nonpreferred provider and to the insured, subscriber, or other covered person; provided, however, that in either case the person licensed under this title shall be required to send such benefit payments directly to the provider who has the written assignment. When payment is made directly to a provider of health care services as authorized by this Code section, the person licensed under this title shall give written notice of such payment to the insured, subscriber, or other covered person. **§ 33-24-59.3.** (b) Any other provision of law to the contrary notwithstanding, if a covered person provides in writing to a health care provider, whether the health care provider is a preferred provider or not, that

		payment for health care services shall be made solely to the health care provider and be sent directly to the health care provider by the health care insurer, and the health care provider certifies to same upon filing a claim for the delivery of health care services, the health care insurer shall make payment solely to the health care provider and shall send said payment directly to the health care provider. This subsection shall not be construed to extend coverages or to require payment for services not otherwise covered.
IDAHO • *Dental* 1992	§ 41-3417. *Subscriber's contracts*	(3) … contract shall permit a subscriber to direct that the payment of dental care benefits to which the subscriber is entitled, pursuant to the contract, be made in the name of the nonparticipant licensee providing covered dental care services authorized by the subscriber's contract.
ILLINOIS *2012***	Chapter 215 Insurance Insurance Code Article XX. Accident and Health Insurance §215-5/370a. *Assignability of Accident and Health Insurance*	…If an enrollee or insured of an insurer, health maintenance organization, managed care plan, health care plan, preferred provider organization, or third party administrator assigns a claim to a health care professional or health care facility, then payment shall be made directly to the health care professional or health care facility including any interest required under Section 368a, of this Code [215 ILCS 5/368a] for failure to pay claims within 30 days after receipt by the insurer of due proof of loss. Nothing in this Section shall be construed to prevent any parties from reconciling duplicate payments. ***A 2012 law requires state employee health benefits to be subject to the law above allowing insureds to assign benefits (5 ILCS 375/6.12).*
MAINE • *Dental* 2003	§24-19 (subchapter 1) 2332-H. *Assignment of benefits*	All contracts providing benefits for medical or dental care on an expense-incurred basis must contain a provision permitting the insured to assign benefits for such care to the provider of the care. An assignment of benefits under this section does not affect or limit the payment of benefits otherwise payable under the contract.
MARYLAND • *Non-Par General (Physician)* 2011 Back to top	MD Code, Insurance, § 14-205.3	(b) An insurer may not: (1) Prohibit the assignment of benefits to a provider who is a physician by an insured; or (2) Refuse to directly reimburse a nonpreferred provider who is a physician under an assignment of benefits. (d) Information required prior to performing a health care service. – If a physician who is a nonpreferred provider seeks an assignment

		of benefits from an insured, the physician shall provide the following information to the insured, prior to performing a health care service: (1) A statement informing the insured that the physician is a nonpreferred provider; (2) A statement informing the insured that the physician may charge the insured for noncovered services; (3) A statement informing the insured that the physician may charge the insured the balance bill for covered services; (4) An estimate of the cost of services that the physician will provide to the insured; (5) Any terms of payment that may apply; and (6) Whether interest will apply and, if so, the amount of interest charged by the physician.
MISSISSIPPI 2013	§ 83-9-3 *Form of policy; commissioner's fees; expedited form and rate review procedure; funding of agency expenses; deposit of monies into State General Fund*	(3) No individual or group policy covering health and accident insurance (including experience-rated insurance contracts, indemnity contracts, self-insured plans, and self-funded plans) or any group combinations of these coverages, shall be issued by any commercial insurer doing business in this state, which, by the terms of such policy, limits or restricts the insured's ability to assign the insured's benefits under the policy to a licensed health care provider that provides health care services to the insured. Commercial insurers doing business in this state shall honor an assignment for a period of one year starting from the initial date of an assignment. Any such policy provision in violation of this subsection shall be invalid.
MISSOURI • *Dental* 1992 *(Includes exemption for insurers that contract with certain members of a class of providers)* Back to top	§376.427. *Assignment of benefits made by insured to provider–payment, how made–exceptions–all claims to be paid, when*	2. Upon receipt of an assignment of benefits made by the insured to a provider, the insurer shall issue the instrument of payment for a claim for payment for health care services in the name of the provider. All claims shall be paid within 30 days of the receipt by the insurer of all documents reasonably needed to determine the claim. 3. Nothing in this section shall preclude an insurer from voluntarily issuing an instrument of payment in the single name of the provider. 4. This section shall not require any insurer, health services corporation, health maintenance corporation, or preferred provider organization which directly contracts with certain members of a class of providers for the delivery of health care services to issue payment as provided pursuant to this section to those members of the class which do not have a contract with the insurer.
NEVADA • *Dental*	§689A.135.	1. A person insured under a policy of health insurance may assign his right to benefits to the provider of health care who provided the

1983 Back to top	*Assignment of benefits to provider of health care*	services covered by the policy. The insurer shall pay all or the part of the benefits assigned by the insured to the person designated by him. A payment made pursuant to this subsection discharges the insurer's obligation to pay those benefits. 2. If the insured makes an assignment under this section, but the insurer after receiving a copy of the assignment pays the benefits to the insured, the insurer shall also pay those benefits to the provider of health care who received the assignment as soon as the insurer receives notice of the incorrect payment. 3. For the purpose of this section, "provider of health care" has the meaning ascribed to it in NRS 629.031 (*Occupations code that includes dentist)*. **681A.030. "Health insurance" defined.** "Health insurance" is insurance of human beings against bodily injury, disablement or death by accident or accidental means, or the expense thereof, or against disablement or expense resulting from sickness, and every insurance appertaining thereto, together with provisions operating to safeguard contracts of health insurance against lapse in the event of strike or layoff due to labor disputes.
NEW HAMPSHIRE • *Dental* 2002	§420-B:8-n *Point of service plans*	**Health Maintenance Organizations** VIII. All point-of-service contracts and certificates shall contain a provision permitting the enrollee to assign any benefits provided for medical or dental care on an expense-incurred basis to the provider of care. An assignment of benefits under this paragraph does not affect or limit the payment of benefits otherwise payable under the contract or certificate.
NEW JERSEY • *Dental* 2012	§17:48C-8.3 e(1) *Payment of out-of-network benefits by dental service corporation*	With respect to a dental service corporation that makes a dental benefit payment to a covered person for services rendered by an out-of-network dentist, if the covered person assigns, through an assignment of benefits, his right to receive reimbursement to an out of-network dentist, the dental service corporation shall issue the payment for the reimbursement directly to the dentist in the form of a check payable to the dentist, or in the alternative, to the dentist and the covered person as joint payees, with a signature line for each of the payees.
NORTH DAKOTA • *General*	NDCC, §26.1-36-12	1. Any provision in any individual or group accident and health insurance policy, employee welfare benefit plan, or nonprofit health service contract issued by any insurance company, group health

1985 Back to top	*Provisions prohibited in individual and group accident and health insurance policies, group health plans, and nonprofit health service contracts* *(Application is uncertain as it refers to "medical benefits.")*	plan as defined in section 607(1) of the Employee Retirement Income Security Act of 1974 [Pub.L. 99-272; 100 Stat. 281; 29 U.S.C. 1167(1)], or nonprofit health service corporation denying or prohibiting the insured, participant, beneficiary, or subscriber from assigning to the department of human services any rights to medical benefits coverage to which the insured, participant, beneficiary, or subscriber is entitled under the policy, plan, or contract is void. **An individual or group insurance company or nonprofit health service corporation shall recognize the assignment of medical benefits coverage completed by the insured, participant, beneficiary, or subscriber, notwithstanding any provision contained in the policy or contract to the contrary.**
OKLAHOMA 1992	Oklahoma Statutes, Title 36. Insurance Chapter 2. Miscellaneous Provisions. Health Care Freedom of Choice Act § 6055 *Accident and Health Policies – Insured's Selection of Care Provider –Permissible Provisions – EOBs*	F. Benefits available under an accident and health insurance policy, at the option of the insured, shall be assignable to a practitioner, hospital, home care agency, or ambulatory surgical center who has provided services and procedures, which are covered under the policy. A practitioner, hospital, home care agency or ambulatory surgical center shall be compensated directly by an insurer for services and procedures which have been provided when the following conditions are met: 1. Benefits available under a policy have been assigned in writing by an insured to the practitioner, hospital, home care agency or ambulatory surgical center; 2. A copy of the assignment has been provided by the practitioner, hospital, home care agency or ambulatory surgical center to the insurer; 3. A claim has been submitted by the practitioner, hospital, home care agency or ambulatory surgical center to the insurer on a uniform health insurance claim form adopted by the Insurance Commissioner pursuant to Section 6581 of this title; and 4. A copy of the claim has been provided by the practitioner, hospital, home care agency, or ambulatory surgical center to the insured.
RHODE ISLAND • *Dental* 2004	§27-18-63. *Dental insurance assignment of benefits*	Every entity providing a policy of accident and sickness insurance as defined in this chapter shall allow…any person insured by such entity to direct, in writing, that benefits from a health benefit plan, policy or contract, be paid directly to a dental care provider who has not contracted with the entity to provide dental services to persons

Back to top		covered by the entity but otherwise meets the credentialing criteria of the entity and has not previously been terminated by such entity as a participating provider. If written direction to pay is executed and written notice of the direction to pay is provided to such entity, the insuring entity shall pay the benefits directly to the dental care provider. Any efforts to modify the amount of benefits paid directly to the dental care provider under this section may include a reduction in benefits paid of no more than 5% less than the benefits paid to participating dentists. The entity paying the dentist, pursuant to a direction to pay duly executed by the subscriber, shall have the right to review the records of the dentist receiving such payment that relate exclusively to that particular subscriber/patient to determine that the service in question was rendered.
SOUTH DAKOTA • *Dental* 2017	§58-17-163 *Dental care insurers to honor assignment of benefits.* §58-17-164 *Revocation of assignment of dental insurance benefits.*	**58-17-163.** Any insurer that provides dental care insurance to a person shall honor an assignment, made in writing by the person insured under the policy, of payments due under the policy to a dentist or a dental corporation for dental care services provided to the person that is insured under the policy. Upon notice of the assignment, the insurer shall make payments directly to the dentist or dental corporation providing the dental care services. A dentist or dental corporation with a valid assignment may bill the insurer and notify the insurer of the assignment. Upon request of the insurer, the dentist or dental corporation shall provide a copy of the assignment to the insurer. **58-17-164.** Revocation of assignment of dental insurance benefits. A person may revoke an assignment made pursuant to § 58-17-163 with or without the consent of the dentist or dental corporation. *(Additional administrative details removed for space considerations.)*
TENNESSEE • *Dental* 2009	§56-7-120. *Assignment of benefits to health care provider*	Notwithstanding any provision…to the contrary, whenever any policy of insurance issued in this state provides for coverage of health care rendered by a provider covered under title 63 [Dentists], the insured, or other persons entitled to benefits under such policy shall be entitled to assign these benefits to the health care provider.
TEXAS • *Dental*	Title 8. Chapter 1204	**.053–**An insurer may not deliver, renew, or issue for delivery in this state a health insurance policy that prohibits or restricts a covered

1999 *(indirectly identified)*	§ 1204.053 *Assignment of benefits* § 1204.054 *Payment of benefits according to assignment*	person from making a written assignment of benefits to a physician or other health care provider who provides health care services to the person. **.054–**An insurer shall pay benefits directly to a physician or other health care provider, and the insurer is relieved of the obligation to pay, and of any liability for paying, those benefits to the covered person if: (1) The covered person makes a written assignment of those benefits payable to the physician or other health care provider; and (2) The assignment is obtained by or delivered to the insurer with the claim for benefits.
VIRGINIA • *Dental* 1999	§38.2-3407.13. *Refusal to accept assignments prohibited; dentists and oral surgeons*	No insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical or major medical coverage on an expense-incurred basis, no corporation providing individual or group accident and sickness subscription contracts, and no dental services plan offering or administering prepaid dental services shall refuse to accept or make reimbursement pursuant to an assignment of benefits made to a dentist or oral surgeon by an insured, subscriber or plan enrollee.
WEST VIRGINIA • *Dental* 2020 Back to top	§33-15-22 *Assignment of certain benefits in dental care insurance coverage*	Any entity that provides dental care coverage to a covered person shall honor an assignment, made in writing by the person covered under the policy, of payments due under the policy to a dentist or a dental corporation for services provided to the covered person that are covered under the policy. Upon notice of the assignment, the entity shall make payments directly to the provider of the covered services. A dentist or dental corporation with a valid assignment may bill the entity and notify the entity of the assignment. Upon request of the entity, the dentist or dental corporation shall provide a copy of the assignment to the entity.

Dental Insurance Reform
Assignment of Benefits

REQUIRES DUAL SIGNATURE ON PAYMENT		
WASHINGTON • *Dental* 1999 *(For covered services by a non-par, requires payment to be in the name of non-par provider and enrollee)* Back to top	§48.44.026 *Payment for certain health care services*	Checks in payment for claims pursuant to any health care service contract for health care services provided by persons licensed or regulated under chapters [dental]…, where the provider is not a participating provider under a contract with the health care service contractor, shall be made out to both the provider and the enrolled participant with the provider as the first named payee, jointly, to require endorsement by each: PROVIDED, That payment shall be made in the single name of the enrolled participant if the enrolled participant as part of his or her claim furnishes evidence of prepayment to the health care service provider: AND PROVIDED FURTHER, That nothing in this section shall preclude a health care service contractor from voluntarily issuing payment in the single name of the provider.