



**STATE OF WEST VIRGINIA**  
**Offices of the Insurance Commissioner**  
**Company Analysis and Examinations Division**

---

**Prepaid Limited Health Service Organization**  
Recommended Hold Harmless Language

**No Billing of Members**

1. **No Charges.** Participating Provider shall hold harmless and not impose any charges on Health Maintenance Organization (“HMO”) Members for Plan benefits and shall regard the HMO payment as payment in full for all benefits covered by this Agreement with the exception of co-payments specifically authorized in the applicable Evidence of Coverage and any non-plan benefits. Participating Provider shall also be entitled to receive payment for third party claims. Participating Provider will never, under any circumstances, including non-payment by HMO, the insolvency of HMO, or breach or termination of this Agreement, seek compensation from, have any recourse against, or impose any additional charge on any HMO Member for Plan benefits. Participating Provider shall look only to HMO for payment for plan benefits. If HMO receives notice that a Participating Provider has billed or collected from a Member for any covered or non-authorized benefit, HMO may refund that amount to Member and may offset that amount from any payment to Participating Provider, with prior notice to the Participating Provider.
2. **No Collection Action Against Members.** Neither Participating Provider, trustees or assignees, may maintain any action at law against Member to collect sums owed by HMO.
3. **Survival of Covenants.** Participating Provider further agrees that these provisions shall survive the termination of this Agreement regardless of the cause giving rise to termination and shall be construed to be for the benefit of the Member, and that these provisions supersede any oral or written agreement to the contrary now existing or hereafter entered into between Participating Provider and Member or any persons acting on their behalf.
4. **Collections of Co-payments.** These provisions shall not preclude Participating Provider from collecting the Co-payments that are specifically authorized by the Member's Evidence of Coverage.
5. **Non-Covered Services.** A Participating Provider may bill a Member for services if
  - a. prior to receiving such services, the Member is advised that such services are not Covered services; and,
  - b. after being so advised the Member nevertheless elects in writing to receive such Non-Covered Services.

---

**Accredited by the National Association of Insurance Commissioners**