§ 3224-c. Coordination of benefits. An insurer or organization or corporation licensed or certified pursuant to article forty-three or forty-seven of this chapter or article forty-four of the public health law shall not deny a claim, either in whole or in part, on the basis that it is coordinating benefits and another insurer or organization or corporation or other entity is liable for the payment of the claim, unless it has a reasonable basis to believe that the insured has other health insurance coverage which is primary for that benefit. If an insurer or organization or corporation does not have current information from the insured regarding other coverage, and requests such information in accordance with subsection (b) of section three thousand two hundred twenty-four-a of this article, and no information is received within forty-five days, the claim shall be adjudicated provided, however, the claim shall not be denied based on the insurer, or organization or corporation not having received such information.