*** § 3231. Health insurance policies and subscriber contracts; prohibited claims.** (a) For the purposes of this section the terms health care provider, practitioner, clinical laboratory services, pharmacy services, radiation therapy services, physical therapy services or x-ray or imaging services shall have the same meanings as are set forth in section two hundred thirty-eight of the public health law.

(b) No health care provider or practitioner may demand or request any payment for clinical laboratory services, pharmacy services, radiation therapy services, physical therapy services or x-ray or imaging services furnished pursuant to a referral prohibited by subdivision one of section two hundred thirty-eight-a of the public health law.

(c) No insurer shall be required to pay any claim, bill or other demand or request for payment by a health care provider for clinical laboratory services, pharmacy services, radiation therapy services, physical therapy services or x-ray or imaging services furnished pursuant to a referral prohibited by subdivision one of section two hundred thirty-eight-a of the public health law.

(d) Every policy of accident or health insurance issued by a commercial insurer and every subscriber contract issued by a hospital service corporation, health service corporation or medical expense indemnity corporation which provides coverage for clinical laboratory services, pharmacy services, radiation therapy services, physical therapy services or x-ray or imaging services shall include a provision excluding payment of any claim, bill or other demand or request for payment for such services furnished pursuant to a referral prohibited by subdivision one of section two hundred thirty-eight-a of the public health law.

(e) Every insurer subject to the provisions of this section shall report to the commissioner of health any pattern of submission of claims, bills or other demands or requests for payment submitted in violation of subsection (b) of this section, within thirty days after such insurer has knowledge of such pattern.

(f) Notwithstanding the requirements of subsections (c), (d) and (e) of this section, an insurer reimbursing for clinical laboratory services, pharmacy services, radiation therapy services, physical therapy services or x-ray or imaging services is not required to audit or investigate any claim, bill or other demand or request for payment

for such items or services furnished pursuant to a referral.

* NB There are 2 § 3231's