PRELIMINARY NOTIFICATION OF MEDICAL EXPENSES

3730 Roswell Road, Suite 275, Marietta, GA 30062 Tel 770.977.9601 Fax 770.977.9582

Group Name ______________________ Effective Date ______________________

Policy ______________________ Expiration Date ______________________

Administrator ______________________ Contract ______________________

EMPLOYEE

Employee ______________________ Social Security No ______________________

Employment Date ____________ Original Effective Date ____________ Termination Date ____________

Eligibility Status Active Disabled / Last Day Worked ______________________

On Leave / FMLA COBRA / Effective Date ______________________

CLAIMANT

Claimant ______________________ Relationship to Employee ______________________

Date of Birth ____________ Effective Date ____________ Termination Date ____________

CLAIM

Diagnosis ______________________ Prognosis ______________________

Date when physician first consulted for treatment ____________ Date of first Hospitalization ____________

Attending Physician's Name ______________________

Address / Hospital Name ______________________

City, State, Zip Code ______________________

Claimant is still Hospitalized
Claimant is continuing treatment
Large Case Management is involved
Subrogation is involved

Claimant is covered by other Group Insurance
Claimant is covered by other Automobile Insurance
Claimant is covered by Workers Compensation
Claimant is covered by Medicare

1. Total Benefits Submitted to Date ____________
   Incurred Dates of Service included in this report ____________ to ____________
   Date first hospital bill received ____________ Total Hospital Days ____________
2. Total Benefits Paid to Date
   Date of Last Payment ____________ ____________
3. Specific Deductible ____________
4. Estimate of Future Liability (over and above the specific deductible) ____________

Prepared By______________________ Date ____________

Required for all ongoing claim that have reached 50% of the deductible has the possibility of exceeding the deductible.