

M-D UNDERWRITING SERVICES, INC.

MONTHLY AGGREGATE REPORT
MONTH OF _____

POLICY HOLDER: _____
 BENEFITS UNDER AGGREGATE: _____
 FUNDING FACTORS: _____

POLICY PERIOD ___/___/___ TO ___/___/___
 CLAIMS BASIS: (Check One)
 PAID___ INCURRED & PAID___ 12/15 _____

PPO NETWORK

SPECIFIC DEDUCTIBLE _____

	ADJUSTED SINGLES	ADJUSTED FAMILIES	TOTAL	MONTHLY ATTACHMENT POINT	NETWORK BILLED CLAIMS	NETWORK GROSS PAID CLAIMS	NON NETWORK GROSS PAID CLAIMS	LESS SPECIFIC AND INELIGIBLE CLAIMS	TOTAL NET CLAIMS
MEDICAL									
DENTAL									
DRUGS									
WDI									
OTHER									
MONTHLY TOTALS									
PREVIOUS YEAR TO DATE									
NEW YEAR TO DATE									

Notes:

include all backcharges and backcredits being applied.

Prepared By _____
 Administrator

 Administrator's Street Address

 Administrator's City, State & Zip Code

 Date