M-D Underwriting Services, Inc.

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Suite 102
Nashville, TN 37067
Telephone: (615) 662-3535
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SPECIFIC EXCESS LOSS NOTICE OF POTENTIAL CLAIM

_____ **Specified Condition**
_____ **50% Notification**

Contract Holder:_____ **Contract Number:**_____
Contract Period:_____ **Contract Basis:**_____
Employee Name:_____
Dependent:_____ **Relationship:**_____
Date of Birth:_____ **Effective Date of Coverage:**_____
Termination Date:_____ **Effective Date of COBRA:**_____

Eligible for Medicare (yes/no):__ **Claimant Actively at Work (yes/no):**_____
Does claimant have other insurance coverage?_____**If Yes, Name of Carrier and Policyholder:**_____

Has Large Case Management been implemented?_____**If Yes, Name of LCM Vendor**
_____
Date Implemented (please attach LCM report if applicable):_____

Diagnosis:_____

Date of Hospitalization(s):_____
_____
Are hospital charges subject to any negotiated or pre-arranged discount agreements?_____
If Yes, please indicate type of arrangement and anticipated discounts:_____
_____
_____

Total Charges Paid to Date: **$**_____ **As of:**_____
Estimated Future Costs: **$**_____

Prognosis and Anticipated Treatment Plan (use back of form if necessary):_____
_____
_____

Administrator's Name:_____
Address:_____
_____
Telephone Number:_____Facsimile:_____
Contact:_____

Form A 1/29/09