

**BEITLER SERVICES, INC., LLOYD'S COVERHOLDER
&
F. DARRELL LINDSEY, AS STATE LICENSED PRODUCER**

CLAIM REPORT FORM

**SHORT TERM MEDICAL EXPENSE
LIABILITY INSURANCE FOR EGG DONORS AND RECIPIENTS**

BSI Claim Number (to be assigned): _____ Date: _____

1. Insured Name and Address: _____

2. Name and Telephone Number of IVF Center Contact: _____

3. Policy Number: _____

4. Policy Period: From: _____ To: _____

5. Name of Injured Donor or Recipient: _____

6. Address and Telephone Number of Injured Donor or Recipient: _____

7. Injured Donor or Recipient S.S. Number: _____

8. Is Injured Donor or Recipient currently employed? _____ Yes _____ No.

Does the Donor or Recipient currently have medical insurance? _____ Yes _____ No.

From Employment _____

From School _____

From Parents _____

From Spouse _____

(a) Name of Plan Carrier: _____

(b) Plan/Policy Number: _____

(c) Please attach a copy of both sides of Donor or Recipient medical insurance card.

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9. Insured Assigned / Reported File #, Recipient Name or Donor Initials and Month Injured Donor or Recipient Participant Reported by Insured to Program: _____

10. Date of Occurrence which caused the injury or illness: _____
11. Date the Donor or Recipient Started Cycle Treatment: _____
12. Please describe what occurred: _____

13. Name and Address of Hospital: _____
14. Name and Telephone Number of Physician: _____
15. Estimated Amount of Incurred Medical Expenses: \$ _____

IN ADDITION TO THE ABOVE REQUIRED INFORMATION, UNDERWRITING AGENT REQUIRES:

- If Donor or Recipient has other insurance coverage, copy of Insurer Explanation of Benefits 'EOB'.
- Hospital UB 92 Forms and Billing Statements.
- Physician, Labs, etc. HCFA Forms and Billing Statements.
- Injured Donor or Recipient IVF Treatment and / or Physician Medical Notes.

Date

Authorized Signature

Print Name

PLEASE FAX COMPLETED CLAIM FORM AND ALL REQUIRED INFORMATION TO BEITLER SERVICES, INC.

UNDERWRITING AGENT: BEITLER SERVICES, INC.

A photographic copy or facsimile of this document shall be considered as valid as if the original.