BEITLER SERVICES, INC.
SURROGATE MATERNITY DISCOUNT PLAN
Part I of III

INTENDED PARENT(S) APPLICATION FOR ENROLLMENT

INTENDED PARENT(S): (Persons applying on behalf of their Surrogate and assuming financial responsibility.)

Intended Parent (1):________________________________ID#:_______-_______-_______

Intended Parent (2):________________________________ID#:_______-_______-_______

Address:____
(Street) (City) (State) (Zip)

Telephone:________________________________Email:____________________________

NAME SURROGATE: ____________________________________
(Print Legal Name of Surrogate)

IF APPLICABLE, PLEASE COMPLETE SURROGACY AGENCY INFORMATION:

SURROGACY AGENCY: _________________________________
(Name)

Address:____
(Street) (City) (State) (Zip)

Telephone:________________________________Email:____________________________

I (We) as the above named Intended Parents, hereinafter referred to as IP, hereon understand and agree as follows: IP understands and agrees by virtue of contractual agreement to be responsible (unless otherwise agreed) for all maternity, pregnancy and childbirth related medical bills incurred by the above named Surrogate. IP agrees to permit the duly authorized appointed Plan Administrator, hereinafter referred to as Beitler Services, to debit certified funds deposited by the IP, as instructed by Insurance Design Administrators TPA for Beitler Services, into the designated Bank of America Certified Member Services Account for the purpose of payment remittance of negotiated usual, customary and allowable medical bills by a method satisfactory to selected approved pre-certified Medical Service Providers and/or Facilities. IP acknowledges and understands that approval of the negotiated discounts are predicated on the negotiated discounted usual, customary and allowable medical bills being satisfied by the sufficient amount of funds transferred and available on deposit by the IP in the designated Bank of America Certified Member Services Account. IP understands and agrees that it is solely their obligation to be certain that the sufficient amount of funds are transferred and available on deposit to satisfy all negotiated usual customary and allowable medical bills. If there is an insufficient amount of funds available, IP understands that the approved negotiated discount may be waived and the IP may be responsible for payment of the entire amount of the original usual and customary medical bills. The agreed cost for enrollment in the Beitler Services, Surrogate Maternity Discount Plan is a non-refundable enrollment fee of $1,000. The fee is required to be deposited by the Member IP into the designated Bank of America Certified Member Services Account in addition to the conditional agreed amount of certified funds, as instructed by Beitler Services, to be used for payment of Member IP surrogate s negotiated usual, customary and allowable synchronization, maternity and childbirth related medical bills. Member enrollment is for the above Named Surrogate only and is not assignable to any other party. Beitler Services, undertakes to provide both the IP and their Surrogate with best service available to administer and manage IP selected medical Providers. IP agree to instruct and require that their surrogate fully cooperate and follow the understood procedures of the authorized third party administrator, Insurance Design Administrators, Inc. TPA for Beitler Services and to only use, unless a medical emergency, selected network or pre-certified Physicians and Hospitals coordinated by Beitler Services.

Signed this ___________________ Day of _________________, 20____

Intended Parent (1):_________________________Intended Parent 2):________________________
(Signature) (Signature)

PRIVATE AND COINCIDENTAL

UNDERWRITER AGENT: BEITLER SERVICES INC.

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

5 Marine View Plaza Suite 201 Hoboken, NJ 07030 TEL: 201-714-9595 FAX: 201-714-9661 Info@beitlerservices.com

SMD-01-12/09

BEITLER SERVICES
SURROGATE MATERNITY DISCOUNT PLAN
Part II of III

SURROGATE APPLICATION FOR ENROLLMENT

Surrogate Name (please print): ____

Telephone: ______________________ Email: ______________________________

Address: ____
(Street) (City) (State) (Zip)

SS#: _____-_____-_____ Surrogate Date of Birth: _____/_____/_____

Expected Start Date of Medication for synchronization: _____/_____/_____

Does Surrogate have medical Insurance, social assistance and/or any other type of medical benefits?

If so, Individual or Group: __________________ Company: ______________________

Policy No.: ______________________ Coverage Period: ______________________

Intended Parent 'IP' (1): ______________________________
(Print 'IP' Name)

Intended Parent 'IP' (2): ______________________________
(Print 'IP' Name)

I as above Named Surrogate agree to permit Underwriters, Coverholder or their authorized Plan Administrator 'Beitler Services' access to my medical records for the purpose of reviewing and negotiating all related medical costs incurred during my contractual term as Surrogate for 'IP' including but not limited to any information required for negotiation with selected approved Physicians, Hospitals and/or other Providers of services and/or facilities. I agree to only use, unless a medical emergency, selected approved Network Providers and/or pre-certified Physician and Hospital and/or other Medical Services coordinated by 'Beitler Services'. I understand that the above Intended Parents or their duly authorized representative will discuss and provide me with the necessary contact details of the authorized pre-certified selected Physician, Hospital and/or other Providers or services and/or facilities for rendering of all required maternity, pregnancy and childbirth related medical care. I agree to provide any reasonable additional information as needed and/or requested by Underwriters, Coverholder or their authorized appointed Plan Administrator. I understand that Underwriters, Coverholder and/or their authorized Plan Administrator and/or any of their respective employees do not provide medical advice, are not responsible for the quality of any medical care received and assume no responsibility for the outcome of the Surrogacy relationship.

Signed this ________ Day of __________, 20___

By {Surrogate}: ______________________________
(Signature)

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Part III of III

MEDICAL INTAKE FORM QUESTIONNAIRE

Dear Applicant (Intended Parents 'IP'): Based on your answer to the questions below, your assigned Beitler Services Case Manager will work with you and on your behalf to coordinate, negotiate and pre-certify selected Medical providers available for your Surrogates' maternity and childbirth care.

Applicant (1): ________________________________ Applicant (2): ________________________________

Name of Surrogate (please print): ____

Applicant Address: ____
(Street) (City) (State) (Zip)

Telephone: ________________________ Email: ____

Please provide top three Physician and Hospital choices: ________________________________

____

How involved will the surrogate be in the choices you make for the Physician, Hospital, or other diagnostic providers? Please indicate either, _________ Not at all -or- ________ Joint Decision.

Your coordinated selected Physician limits your selection of Hospitals to those in which the Physician has admitting privileges. Do you prefer to select the Hospital first then have your Case Manager provide you with a list of admitting Physicians at that particular Hospital: Yes No Please comment:

____

____

Please note below any special requests and/or considerations that you would like your Case Manager to know as pertains to the maternity and childbirth coordination, negotiation and pre-certification of Providers.

____

____

Name of Applicant's Insurance Carrier for medical care of the Newborn: ________________________

Policy #: ____________________________ Insurance Carrier Address: ________________________

____

Date: _____/_____/_____ **Signature:** ________________________ **Signature:** ________________________
Applicant Applicant

Underwriters or their authorized Administrator and/or any of their employees do not provide medical advice and are not responsible for any medical care obtained from a network or non-network provider of services.

PRIVATE AND COINCIDENTAL

UNDERWRITER AGENT: BEITLER SERVICES INC.

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