

WHAT IS NOT COVERED?

Expenses specifically excluded for elsewhere under the Definition of "Covered Expenses" in the Plan.

[REDACTED]

not cover loss caused by or resulting from, nor is any premium charged for, any of the following

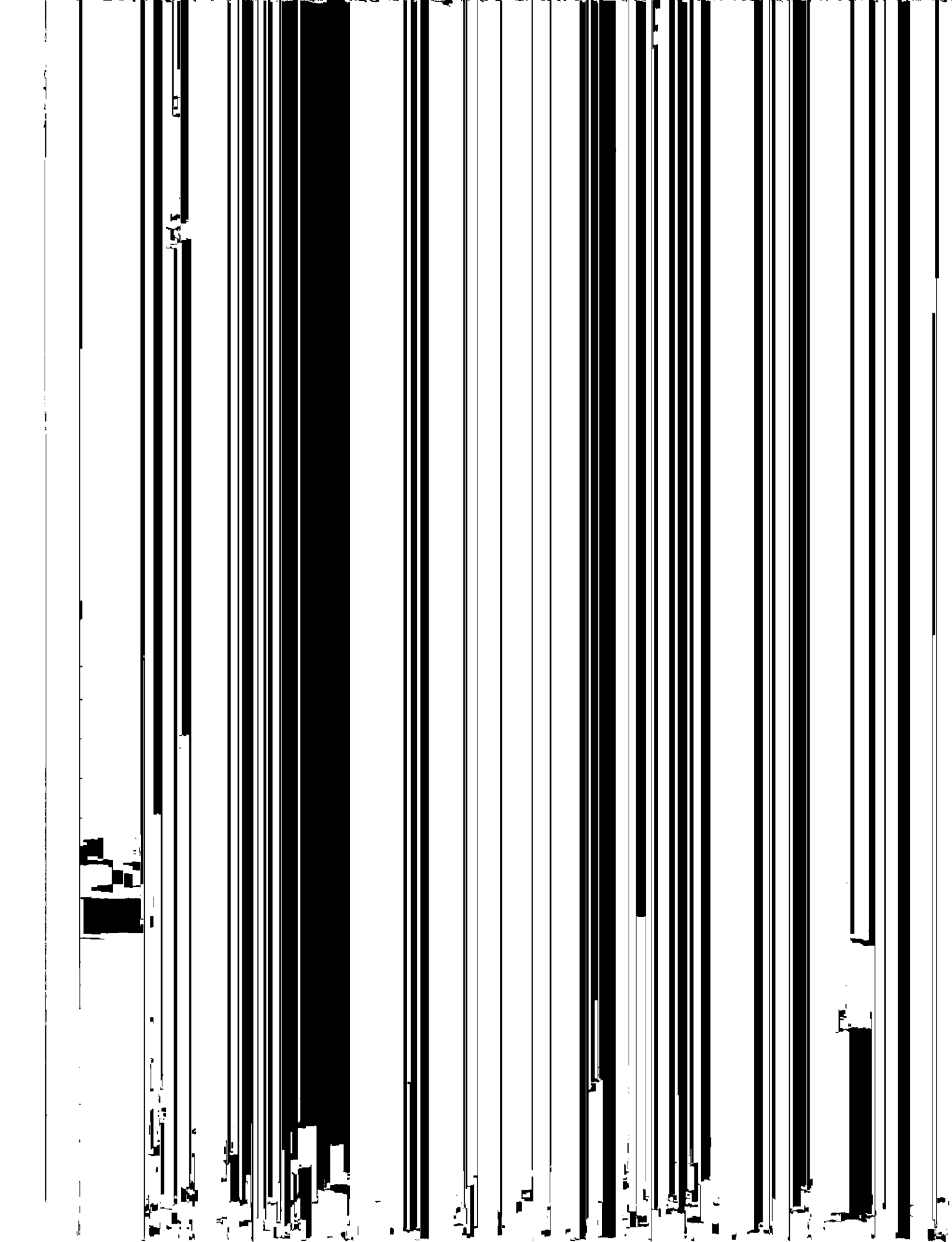
1. Expenses incurred in excess of Reasonable Expenses.
2. Preventative medicines, routine physical examinations, or any other examination where there are no

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how to file.

oral contraceptives and devices

100% of actual charge



Certification and Release of Information
I authorize the release of any medical information directly to those Health Care Providers for services rendered by them. This

Except as otherwise indicated by this application or statement of claim upon state law.

For your protection, **California**: If you are the payment of a loss is guilty of a crime.

In **Florida**, any person who knowingly makes any false, incomplete or misleading statement

In **New Jersey**, any person who knowingly makes any false, incomplete or misleading statement

Applicants applying for accident insurance or other person files a claim for the purpose of misleading, informing or otherwise subject to a civil penalty not to exceed \$10,000.

In **Oklahoma**, **WARNING**: Any person who makes an insurance policy containing a false statement

In **Kentucky and Pennsylvania**, any person who makes an insurance or statement of claim containing material thereto commits a fraud.

In **Washington**, it is a crime to intentionally mislead the company. Penalties include imprisonment and fines.

X _____

Normally, providers of health care services bill you directly.

When your health care provider sends their bill directly to you, you should use the Member Claim Form was designed for this purpose.

Please read the following instructions carefully.

Bills must be itemized: Cancel bills that are not itemized.

Each itemized bill must include the following information:
• Service, Amount charged for each service

In addition, the following information is required:

- **Registered and Licensed Health Care Providers:** Written documentation of provider's name, address, telephone number, and professional license number.
- **Ambulance:** Pick-up and drop-off location, date and time of service.
- **Anesthesia:** Start Time; End Time; Anesthetist's name and license number.
- **Prosthetic Devices, Appliances, and Supplies:** Name, date of service, and amount charged.
- **Outpatient Prescription Drugs:** Name, Form, Strength and quantity.