

In-Hospital Statement of Claim

J.J. Stanis & Company, Inc. GROUP EXCESS MEDICAL 377 Oak Street - Suite 406 Garden City, NY 11530

PART 1 TO BE COMPLETED BY INSURED

The state of the s	CONTRACTOR OF THE PROPERTY OF	The second secon	mployed By	*****************
Address:		**************************************	own, State:	and the state of t
Righ Date	Sex	9	S#	aleman place and the constraint of the
Section 1 to the text of the section	The second secon			
			ischarge Date:	
I authorize any individual of org benefits received or payable to n	ganization to release ne or on my behalf.	any information to	First Rehabilitation Life Insurance Company of America for any services	rices or
NOTICE: Any person who inc penalties.	ludes false or misle:	ading information	on an application for an insurance policy is subject to civil and cri	ninal
Signature of Eligible Insured		relativity. His consistence and the constraints of	Date	Parabase Name Transaction Science
w w				
PART 2 TO BE COMPLETED BY	HOSPITAL IN LIEU	OF BC / BS VOU	<u>HE</u> R	
Name of Hospital				gipotes suitable en la prisona
Location		and the state of t		MANA AN PERSONAL PROPERTY.
2. Patient			Hospital No.	water consistence
Last Nar	me	First Name	Middle Name	
Age	Sex	appropriate programme and the contract of the	If minor, Name of Guardian	Mr. distriction and Albertain
			Discharge (Date)	
3. Admitted (Uate)	h calainny kakanasan diseologia saasaa ayaa ka calah oo too too qaayaa ka k	are e sengan penduna. Di kemilikara kemilikan dan dan kemilikan sebahan di sebahan di sebahan dan dan di sebahan dan	Uscharge (Date)	
Total Days Hospitalized	agent and property of the control of	markingalorose manifestration (40° 40° 40° 40° 40° 40° 40° 40° 40° 40°		
Was patient in Intensive Care U	lait during baggiraliya	ion? Voc	No	
		MOIIT EMERICAN 165	19.0	
If yes, furnish dates of such I.C.	O. Commement			
From	To	en a communicación de la compación de la compa		
If patient is still hospitalized, pla	ease indicate expected	d duration of currer	t hospitalization.	MAKES AND SECURITION OF SECURITION SECURITIO
6. Diagnosis:		and the second s		coelisade conservente
		enne de la companya del la companya de la companya		more an amount of the company of the
	20		Medical Records Librarian	
Date:			Authorized Designee	***************************************
PART 3 TO BE COMPLETED BY	: (BENEFIIS ADMINI	ISTRATUR)		
Name		AND THE PROPERTY AND TH	Group# 4904	Silveon consistent control of
Effective Date:		non-th-opposition-to-control control to the supplier of the control to the contro	Term Date:	Personal Control of the Control of t
		x	Date:	Part of the participation of t