DISCLOSURE STATEMENT

Account Name: _____ **Policy Term:** _____

Please provide the following information for all covered members who are currently in case management &/or are known to have any of the following conditions:

AIDS, cancer in active treatment, hemophilia, severe cardiovascular disease/disorder, severe disorder of a major organ system, Alpha One Antitrypsin multiple trauma, severe burns, brain injury, spinal cord injury, rare disease/disorder (i.e.: ALS, Guillian Barre, Gauchers Disease, Alpha One Deficiency, etc.) high risk pregnancy, premature birth with gestational age at 28 weeks or less (or at 28 weeks or greater with complications. Severe congenital deformities, potential organ transplant candidate, members with ventilator dependency > 3 weeks in duration, and members receiving hemodialysis.

Member Last Name, First	DOB	ICD 9	Member #	Type*
Projected Claim Liability for policy term:	**$:**			

Dates of Confinements for past 6 months	Amount Paid	Amount Pending	Provider Name : IN/OON*	LOC*

Please provide current treatment plan, projected future needs and overall prognosis:

_____

_____

_____

Member Last Name, First	DOB	ICD 9	Member #	Type*
Projected Claim Liability for policy term:	**$:**			

Dates of Confinements for past 6 months	Amount Paid	Amount Pending	Provider Name : IN/OON*	LOC*

Please provide current treatment plan, projected future needs and overall prognosis:

_____

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***KEY**

IN= Care Rendered by In Network Providers
OON= Care Rendered by Out of Network Providers
LOC= Level of Care. Please choose one of the following: Acute, LTAC, Rehab, SubAcute, SNF, HHC
Type= Member Type. Please choose one of the following: Commercial, Medicare, Medicaid

After diligent review, the undersigned represents that the above information is complete and accurate to the best of his or her knowledge and belief. Diligent Review, as it applies here shall include a thorough and complete review of all current records maintained by all appropriate parties.

_____ _____

Authorized Representative Date

_____

Name and Title (please print)