

**PROCEDURES FOR EMERGENCIES / PROCEDURES FOR AIR
AMBULANCE
PRE-CERTIFICATION / HOW TO SUBMIT A CLAIM /**

PRE-CERTIFICATION

All insureds must pre-certify any Hospital admission in order to obtain a faster service in the claim's process, and to receive a 100% coverage according to the policy's Schedule of Benefits.

Pre-certification is not a guarantee of payment. Pre-certification means that the insured or the attending physician have to report to Morgan-White Administrators International, Inc.'s Medical Department the medical condition(s) for which the insured is going to be hospitalized and treated to properly evaluate the information. In order to speed the process the following information must be provided:

- The Company's Medical Release Form
- Medical report from the assisting physician stating: diagnosis, date of occurrence, beginning of the symptoms, treatment previously received for the same condition, evolution, complications, and current medical/surgical procedures recommended.
- Results of lab tests, x-rays, and all medical tests performed.
- Copy of past medical history.
- Copy of past surgical history.

As soon as the Medical Department has received the above mentioned medical information, one of our Doctors will contact the physician to request any additional information if necessary. When complete information has been gathered, the Company will send the Verification of Coverage (that is not a guarantee of payment) which is subject to the coverage, provisions and definitions and the general and specific exclusions of the policy.

In elective cases, all required information must be submitted to Morgan-White Administrators International, Inc. at least 15 days prior to the admission of the insured to a hospital.

In emergency cases, the insured or the hospital must contact the Company during the first 48 hours of admission to the hospital.

Failure to comply with the above procedures will result in a reduction of benefits, according to your policy.

HOW TO SUBMIT A CLAIM

The insured must contact Morgan-White Administrators International, Inc. or American Medical Services at least 72 hours in advance of receiving any medical care and at least 15 days in advance for any hospital admission (pre-certification). Emergency medical treatment must be reported within the first 48 hours. If the insured does not contact Morgan-White Administrators International, Inc. or American Medical Services within the established time, the insured could be responsible for a percentage of all covered expenses due, in addition to the deductible and co-insurance (if applicable). Written proof of loss must be submitted to Morgan-White Administrators International, Inc., 3191 Coral Way, Suite 704, Miami, FL 33145, within 90 days after the date of such loss.

TO PROPERLY PROCESS YOUR CLAIM, PLEASE SEND US:

1. The Company's Medical Release Form
2. Claim Form fully completed and signed by both, Insured and treating physician.
3. Copy of complete medical records.
4. In case of surgery or biopsy, a pathology report will be needed.
5. All original invoices.
6. Laboratory expenses, including itemized list of tests made and their costs.
7. Pharmacy expenses, including a detailed list of all medications provided.
8. If you have another medical insurance policy, the claim must be processed through that policy and the remaining balance presented to Morgan-White Administrators International, Inc., or to American Medical Services for determination.
9. Certificate of full time student status (applies only to insureds between ages 18 and 24).

PROCEDURES FOR EMERGENCY CASES AND ACCIDENTS:

EMERGENCY means any sudden and unforeseen event occurring resulting in the Insured seeking Emergency Treatment.

To properly process your claim in case of Emergency Treatment or accident please send us:

1. The Company's Medical Release Form.
2. Claims Form full completed and signed by both, the insured and the treating physician.
3. Copy of medical records.
4. All original invoices.
5. In case of trauma, send X-rays and report from emergency room where the patient was taken care of.

6. In case of automobile accident, the police report will be needed (in the absence of a police report, a letter explaining the event will be needed), explanation of benefits from the insurance company of the vehicle (if medical expenses are not covered under that policy, a letter of explanation from the insuring company will be required). If the insured has no automobile insurance, a letter of explanation will be required.
7. Result of tests for determination of alcohol level and/or drugs level in the blood.

Benefits are payable according to the Terms and Conditions of your policy.

IMPORTANT INFORMATION YOU SHOULD READ

- The selected deductible is the responsibility of the insured when submitting a claim or treatment is rendered.
- Co-insurance is the responsibility of the insured when submitting a claim or treatment is rendered.
- Co-Pay is the portion of covered expenses an Insured must pay.
- Failure to provide any medical information requested from any provider will result in denial of benefits. See General Condition number 5.
- Failure to sign and return the Company's Medical Release Form will result in forfeiture of benefits. See General Condition number 6.
- Failure to provide proof of loss to the Company within 90 days of its occurrence will invalidate the claim.

PROCEDURES AND CRITERIA TO BE FOLLOWED ON EMERGENCY AIR AMBULANCE TRANSPORTATION

Emergency Air Ambulance must be considered medically necessary when:

1. The evacuation of an insured is medically necessary.
2. The treatment cannot be provided locally.
3. The transportation by any other method would result in loss of life.

Air transportation has to be solicited by the attending physician, based on the medical criteria. This request must be accompanied by an administrative document of the medical institution where the insured is being treated, stating that the hospital does not have the medical facilities in order to render the appropriate treatment that our insured requires. The physician also must submit to Morgan-White Administrators International, Inc., the complete medical information of the patient including past and present medical history, lab tests, x-rays, as well as doctor's notes.

Once this information is received in our offices, the Medical Department of the Company will analyze the records and will determine whether the air transportation will be approved or not.

In an affirmative case, American Medical Service will coordinate and handle the necessary arrangement in order to transport the patient to the nearest location where the treatment could be rendered. The Company, American Medical Service and Morgan-White Administrators International, Inc., retain the right to dictate the place in insured person shall be transported to.

Should treatment be available locally, but the insured person chooses to be treated elsewhere, transportation costs shall be the responsibility of the insured person.

It is a condition of the policy that the Company shall determine where the insured shall be admitted following transportation by Emergency Air Ambulance.