

Update of Potential Specific Excess Loss Notification Form

Based on Diagnosis Based on Amount Paid No Activity to Report

Contractholder Name: _____

Covered Person: _____

Claimant Name: _____

Social Security #: _____

Prior Notification Date: _____

Charges RECEIVED to Date: \$ _____

Charges PAID to Date: \$ _____

Charges UNPROCESSED to Date: \$ _____

Diagnosis: _____

Current Status: _____

Prognosis: _____

Comments: _____

Completed by (signature): _____ Date: _____

Administrator Name: _____ Phone: _____

**** THIS NOTIFICATION DOES NOT CONSTITUTE A CLAIM FILING ****

If you are e-mailing this form, please send to: claims@vistaunderwriting.com

If you are mailing a hard copy of this form, please send to the following:

One80 Intermediaries | Vista Underwriting, Rose Tree Corporate Center, Building II, Suite 4050,
1400 N. Providence Road, Media, PA 19063, ATTN: Claims Department

Fraud Compliance Notice: "Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20."

"California Residents: for your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison." Per California Insurance Code Section 1871.2