

1 January 2012

**PROVIDER NAME**

City, Country

AIP 0000

Attn: Contact Person - Title  
Email: provider@facility.com

Telephone: +99-88-111-2222  
Fax: +99-88-333-4444

**GUARANTEE OF PAYMENT**

Reference Patient **Joe Sample**  
Primary Member **Joe Sample**  
Certificate ID# **1RES03-14015**  
Effective Date of Coverage: **1 Jan 2009**  
Deductible: **US\$100**

**Provider Reference Number**  
Patient Relationship to Primary **Self**  
Date of Birth **20 Jun 1980**  
Expiration Date of Coverage: **31 Dec 2011**  
Medical Maximum: **US\$5,000,000**

This is to confirm authorization of the named patient's medically necessary treatment as specified below. Seven Corners, Inc. confirms coverage of reasonable and customary medical expenses within the scope of this authorization. Terms of this authorization are applicable only to the specific service provider indicated and to this instance of service requested.

*This authorization does not extend to services which are not specifically mentioned below; companion accommodations and/or meals; personal comfort and/or convenience items; television, internet, or telephone usage charges; private rooms; any services which are not deemed medically necessary.*

**Authorized Services:** Specific treatment/procedure for condition in question

**Total Estimated Cost:** US\$1,100

**Amount Guaranteed:** US\$1,000

**\*\* The patient is responsible for US\$100 as the policy deductible. Please make arrangements to collect this amount from the patient. \*\***

***Final benefits pending receipt of invoice(s) and medical report. Itemization of invoices may be requested.***

Officially,

Maria Cáceres  
Director, Seven Corners Assist

Dennis Wood  
Director of Claims Administration

**Claims Submission– Fax:** +001-317-815-5984 – **Email:** assist@sevencorners.com – **Postal Mail:** Seven Corners, Attn. GOP, 303 Congressional Blvd, Carmel, IN 46032 USA

*This Guarantee of Payment by Seven Corners is being made to facilitate this insured's receipt of prompt care necessary for an emergent and/or life-threatening situation. The authorized amount for this treatment is limited to US\$1,000, and such authorization does not constitute nor should be construed as an acceptance of eligibility for the medical condition or related conditions. Seven Corners specifically reserves all rights under the insurance contract represented by 1RES03-14015. Notwithstanding the payment or guarantee of payment being made at this time, additional payment for the treatment being rendered at this time, or treatment rendered in the future for the same or related conditions, will be paid subject to the conditions, exclusions and limits of the insurance contract.*