

MEDOCARE HEALTH SYSTEMS, INC.
STATEMENT OF LOST CONTRACT/ID CARD

KNOW ALL MEN BY THESE PRESENTS:

That, _____ having an interest in contract of MEDOCARE with the following data:

NAME OF MEMBER: _____

HOME ADDRESS: _____

NAME OF THE COMPANY / POST: _____

CONTRACT NO.: _____ EFFECTIVITY: _____

ROOM & BOARD: _____

HOSPITAL: _____

“issued by MEDOCARE, do hereby manifest and represent that the said ID in my favor.

I hereby declare that my interest in the said ID card has not been sold or transferred to any person and that absolute tide or full benefits in said card remain in me.”

I hereby agree to pay an amount equivalent to _____ Pesos (P_____) to MEDOCARE as payment for the new ID card.

Done at _____ this _____ day of _____, 20__.

UNDERWRITING: _____

Status: _____

Sign over Printed Name

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