

UNSATISFIED CLAIM AND JUDGMENT FUND EXCESS MEDICAL BENEFITS PAYMENT RECORD

CARRIER: _____

PAGE NUMBER: _____

CARRIER'S FILE NO.: _____

EMB FILE NO.: _____

INJURED PARTY: _____

DATE OF LOSS: _____

	DATE RECEIVED	PROVIDER AND NATURE OF SERVICE	AMOUNT CHARGED	DATES OF SERVICE	AMOUNT PAID	DATE OF PAYMENT
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
PAGE TOTAL						

INDICATE WITH AN ASTERISK (*) NEXT TO THE PAYMENT OR PAYMENTS THE PIP DEDUCTIBLE-COPAYMENT WAS APPLIED.

AN ORIGINAL ADDING MACHINE TAPE WHICH CORRESPONDS WITH THE PAYMENTS LISTED SHOULD BE ATTACHED TO EACH PAGE. IF THERE IS MORE THAN ONE PAGE OF PAYMENTS SUBMITTED WITH THE REQUEST, A SEPARATE ADDING MACHINE TAPE SHOULD BE ATTACHED SUMMARIZING THE TOTAL OF PAYMENTS ON ALL THE PAGES.