



OLD SURETY LIFE

INSURANCE COMPANY
P.O. BOX 54407 - OKLAHOMA CITY, OK 73154-1407
405-523-2112
Toll Free # 1-800-272-5466
Fax # 1-405-524-4011

Provider Claim Payment Authorization Form

Subscriber Information (Required)

| | | |
|---------------|-----|-----------|
| First Name | M.I | Last Name |
| Policy Number | | |

Enroll in Provider Direct Payments

(Specific Providers or Offices)

I hereby authorize and direct payment of the benefits otherwise payable to me, directly to the below named provider, or provider's offices that submit claims on my behalf.

1: _____

2: _____

3: _____

(ALL Providers or Offices - you must sign disclosure)

I hereby authorize and direct payment of the benefits otherwise payable to me, directly to all future providers, or provider's offices that submit claims on my behalf.

Payment Disclosure-I understand I am giving my consent to not receive any direct payments on all claims submitted on my behalf, from this point forward until I otherwise notify Old Surety Life Insurance Company.

| | |
|-----------|-------|
| Signature | Date |
| _____ | _____ |

Withdraw From Provider Direct Payments

I hereby withdraw my consent to direct any payment of the benefits to providers, or provider's offices that submit claims on my behalf. I will be responsible for paying the provider's bill in full up-front and receive reimbursement from Old Surety Life Insurance Company.

Signature (Required)

I understand that I can withdraw my consent to pay the provider directly, at any time, by contacting Old Surety Life Insurance Company, and asking to withdraw from direct provider payments. I also understand that each provider I receive services from has forms that I may sign in their office directing payments directly to them, that will supersede the withdrawn consent. I will not hold Old Surety Life Insurance Company responsible for payments being sent to the provider instead of myself, or vice versa.

| | |
|-----------|-------|
| Signature | Date |
| _____ | _____ |

Submit Form to:

Mail: PO BOX 54407
Oklahoma City, OK 73154

Fax: (405)-524-4011 ATTN:HDV

Email: HDV@oldsurety.com