

**ANNUAL REPORT TO THE MAINE BUREAU OF INSURANCE
ON MANDATED BENEFITS**

Company			
NAIC NUMBER			
YEAR			
Address1			
Address2			
City/State/Zip			
	City	State	Zip

REPORT IS DUE APRIL 30 OF THE NEXT YEAR

	<u>Group</u>	<u>Individual</u>
1. Total Amount Paid for Medical Claims in Maine		
<u>Inpatient</u>		
<u>Day Treatment</u>		
<u>Outpatient</u>		
<u>Total</u>	\$ -	\$ -
2. Amount Paid for Alcoholism & Drug Dependency Claims Included in Line 1.		
<u>Inpatient</u>		
<u>Day Treatment</u>		
<u>Outpatient</u>		
<u>Total</u>	\$ -	\$ -
3. Amount Paid for Mental Health Claims Included in Line 1.		
<u>Inpatient</u>		
<u>Day Treatment</u>		
<u>Outpatient</u>		
<u>Total</u>	\$ -	\$ -
4. Amount Paid for Chiropractic Services in Line 1.		
5. Amount Paid for Screening Mammograms Included in Line 1.		
6. Amount Paid for Breast Cancer Treatment in Line1.		
7. Number of Mammograms Paid for		
<u>Screening</u>		
<u>Diagnostic</u>		

Item 1 should show total claims in Maine under medical insurance contracts, excluding such coverages as disability income, accident only, specified disease, dental, Medicare supplement and long term care.

Items 2-4, & 6 should show that portion of Item 1 which is required by Title 24 §§ 2320-A, 2325-A and 2329 and Title 24-A §§ 2745-A, 2748, 2749-C, 2837-A, 2840-A, 2842, 2843, 4234-A, 4222-B, 4236 and 4237-A, regardless of whether such claims would have been covered without these requirements.

Name of Person Completing this Report			
Title			
Telephone		Fax	
E-Mail Address			

Signature (not required if filed electronically)