

TRANSMITTAL LETTER
POLICY YEAR CALL FOR CAPITATED MEDICAL EXPENSES #13
VALUED AS OF DECEMBER 31, 2000

1. STATE: PENNSYLVANIA DELAWARE
2. DUE DATE: MARCH 15, 2001
3. CARRIER NAME: _____
4. FILING AS: GROUP INDIVIDUAL COMPANY
5. If filing as a group, list individual carrier names or NAIC carrier codes:

6. SUBMISSION TYPE: ORIGINAL CORRECTION

MAIL CALL AND TRANSMITTAL LETTER TO:

PENNSYLVANIA / DELAWARE COMPENSATION RATING BUREAU
THE WIDENER BUILDING, 6TH FLOOR
ONE SOUTH PENN SQUARE
PHILADELPHIA, PA 19107-3577
ATTN: ACTUARIAL DEPARTMENT

PCRB/DCRB USE ONLY

Date Received

Receipt Mailed

PENNSYLVANIA / DELAWARE COMPENSATION RATING BUREAU
RECEIPT OF CALL NOTIFICATION
POLICY YEAR CALL FOR CAPITATED MEDICAL EXPENSES #13
VALUED AS OF DECEMBER 31, 2000

7. STATE: PENNSYLVANIA DELAWARE
8. DUE DATE: MARCH 15, 2001
9. SUBMISSION TYPE: ORIGINAL CORRECTION
10. DATE RECEIVED AT PCRB/DCRB: _____ BY: _____
11. MAIL RECEIPT TO (Indicate specific individual):

PENNSYLVANIA / DELAWARE COMPENSATION RATING BUREAU
Policy Year Call For Capitated Medical Experience #13 by State Valued As of December 31, 2000

NAIC
Carrier Code
(Five - Digit)

Carrier(s)*		Date Submitted	State Code (circle one) PA(37) DE(07)
		Submitted By	Title
		Signature	Phone

ACCUMULATED POLICY YEAR LOSSES FOR CAPITATED MEDICAL **

POLICY YEAR	Paid (1)	Case (2)	IBNR (Including Bulk) (3)	Total Contract Medical Losses (1) + (2) + (3) (4)	Total Non-Contract Medical Losses + (5)	Total Medical Losses ++ (4) + (5) (6)
A. Prior to 1980						
B. 1980						
C. 1981						
D. 1982						
E. 1983						
F. 1984						
G. 1985						
H. 1986						
I. 1987						
J. 1988						
K. 1989						
L. 1990						
M. 1991						
N. 1992						
O. 1993						
P. 1994						
Q. 1995						
R. 1996						
S. 1997						
T. 1998						
U. 1999						
V. 2000						
X. Total to 12-31-00 Sum (A) to (V)						
Y. Total to 12-31-99 Sum (A) to (V) Last Year						
Z. Calendar Year 2000 experience (X-Y)						

*If this is a group report, list all carrier names or carrier codes for which any experience is reported.

** Only Report Data for Years with Contract Medical Experience

+ Sum of Non-Contract Medical Paid + Case + Bulk + IBNR.

++ Should Equal Sum of Columns (10), (12) and (14) of the Policy Year Call (Call #1, Page 2).