

PAYMENT AUTHORIZATION FORM

I, _____, hereby grant Sagicor Life Jamaica (Sagicor) this _____ day of _____ 2016, permission to deduct Transaction Costs in the amount of 1.75%, plus G.C.T, of the adjudicated (approved) amount of each claim up to a maximum of the Jamaican equivalent of US\$3.00, plus GCT, for each claim submitted through the Provider Access System (PAS), and to pay over the same to Advanced Integrated Systems Limited (AIS) within seven (7) days of incurring such costs.

This authorization does not apply to 1) Office Visit, 2) Specialist Visit and 3) Consultation Visit (refer to Sagicor for details).

This Authorization is given pursuant to a contractual Agreement with AIS (or its appointee) under the PAS and shall endure so long as such contractual arrangement continues. It shall only be terminated upon notice to Sagicor that I am no longer contracted to AIS to use the PAS.

Participating Sagicor Provider

Provider's Authorized Signature

Company Name & Contact #

Sagicor Provider # (If Provided)

Witness
