

DOCTORS COUNCIL BENEFIT PLAN50 Broadway, 11th Floor, Suite 1101, New York, New York 10004 (212) 532-7690 Fax (212) 481-4137**OUT-OF-STATE LEGAL SERVICES CLAIM FORM****THIS COMPLETED FORM MUST BE POSTMARKED, IF MAILED, OR RECEIVED WITHIN ONE (1) YEAR FROM THE DATE OF SERVICE, ALONG WITH YOUR RECEIPT FOR SERVICE(S) RENDERED.**

RETURN TO:

Doctors Council Benefit Plan**50 Broadway, 11th Floor, Suite 1101****New York, New York 10004****Phone: 212 532-7690 • Fax: 212 481-4137****Email: benefits@doctorscouncil.org****MEMBER INFORMATION**

LAST NAME		FIRST NAME		MI	BIRTHDATE	SOCIAL SECURITY #	
ADDRESS <i>Street</i>		<i>City</i>			<i>State</i>		<i>Zip code</i>
HOME PHONE	HOME FAX	WORK PHONE	WORK FAX	CELL PHONE	WORK SITE		
HOME EMAIL				WORK EMAIL			

ATTORNEY INFORMATION : PROVIDER MUST COMPLETE THIS SECTION

NAME		ADDRESS			TELEPHONE NUMBER		
DATE(S) OF SERVICE		TYPE OF SERVICE:					
		<input type="checkbox"/> REAL ESTATE CLOSING <input type="checkbox"/> WILL PREPARATION					
Attorney's Signature for Legal Services: _____ Date: _____ License #: _____							

MEMBER'S SIGNATURE

DATE