

TYPE OF SERVICE (HOSPITAL & PHYSICIAN)

HOSPITAL:

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|---|---|-------------------------------|
| 1 | = | SURGERY |
| 2 | = | DRUG TREATMENT |
| 3 | = | NORMAL OBSTETRICAL CARE |
| 4 | = | ALCOHOL TREATMENT |
| 5 | = | COMPLICATED OBSTETRICAL CARE |
| 6 | = | MEDICAL CARE |
| 7 | = | MENTAL |
| 8 | = | PULMONARY TB (TUBERCULOSIS) |
| 9 | = | DIAGNOSTIC |
| A | = | EMERGENCY ACCIDENT CARE (EAC) |
| B | = | FOLLOW UP CARE |
| C | = | DRUG REHABILITATION |
| D | = | ALCOHOL REHABILITATION |
| E | = | EMERGENCY MEDICAL CARE (EMC) |

PHYSICIAN:

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|---|---|-------------------------------|
| 1 | = | SURGERY |
| 2 | = | EMERGENCY ACCIDENT |
| 3 | = | OBSTETRICS |
| 4 | = | ANESTHESIA |
| 5 | = | X-RAY NON ACCIDENT |
| 6 | = | MEDICAL |
| 7 | = | DENTAL |
| 8 | = | LABORATORY/PATHOLOGY |
| 9 | = | RADIATION THERAPY |
| C | = | DENTAL SURGERY |
| D | = | PODIATRY |
| G | = | PROSTHETICS |
| H | = | DURABLE EQUIPMENT |
| I | = | ORTHOTICS |
| J | = | MEDICAL/SURGICAL SUPPLIES |
| K | = | AMBULANCE |
| M | = | VISION |
| V | = | HEARING |
| Y | = | SUPPLEMENTAL ACCIDENT BENEFIT |