First Insurance
Company of Hawaii
A Member of the Tokio Marine Group

August 22, 2023

Marjorie Walsh
marjorie@hmdp.com
craig@hmdp.com

RE:

Insured:	MMI Realty Services Inc.
Insurer:	First Indemnity Insurance of Hawaii Inc.
Policy Number:	CPP 1000208151-10
Claim Number:	202307219CC
Date of Accident:	08/16/2023
Claimant:	Marjorie Walsh

Dear Marjorie Walsh:

This letter will explain the insurance coverage ("Med Pay") available to pay for the medical expenses resulting from the accident on 08/16/2023.

We will pay for these medical expenses regardless of fault and that payment should not be considered an admission of liability.

There are certain conditions that apply which follows:

1. The medical expenses must relate to the accident referenced above.

2. The medical expenses must be incurred and reported to us within one year of the date of the accident; and

3. If necessary, you must submit to an examination at our expense, by physicians of our choice as often as we reasonably require.

4. The expenses must be reasonable and for: (1) first aid administered at the time of an accident; (2) necessary medical, surgical, x-ray and dental services, including prosthetic devices; and (3) necessary ambulance, hospital, professional nursing and funeral services.

The limit of insurance for Med Pay is $5,000.00.

Claim Number: 202307219CC

With respect to this accident, the Med Pay benefit will expire on 08/16/2024, **which is one year from the date of accident.**

If you would like to use our coverage, please sign the enclosed medical authorization form and return it along with any medical bill(s) you may have received in the self-addressed return envelope.

Your authorization is needed to request and review your medical records in order to consider payment of any medical expenses incurred.

Please also complete and return the enclosed Medicare reporting form. Under federal law, insurance companies are required to report data necessary to identify potential Medicare beneficiaries seeking payment for medical treatment through medical expenses coverage.

Should you have any questions, please contact me at (808) 527-7527.

Sincerely,

Lisa Kinoshita

Lisa Kinoshita
Claims Adjuster

Enclosures: medical authorization
Medicare reporting form