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Open

VGA GROUP LTD

Tel: 25852-8873780 Fax: 25852-8873786
E-mail: inf@ost.com

Letter of intent

Dear Sir,

We are VGA GROUP LIMITED legally represented by Mr. William with full corporate and authority under penalty of perjury, confirm to be ready, Willing and able to buy the following product in terms and conditions stated here below:

COMMODITY: BRIGHT SULPHUR
SPECIFICATIONS:

PURITY (ON DRY BASIS)	99.50%MIN
ASH CONTENTS	0.50 %MAX
MOISTURE	0.50 %MAX
HYDROCARBONS	0.50%MAX
ACIDITY	0.30%MAX
FORM	BRIGHT POWER

PACKING: BULK

ORIGIN: RUSSIA

QUANTITY: 3,000.00 MT (+/-3%at Seller's Option)

UNIT PRICE: CFR USD 35 PER METRIC TON

DISCHARGE PORT: DAODAO PORT

PARTIAL SHIPMENT: NOT ALLOWED

PORT OF LOADING: ANY PORT IN RUSSIAN

DELIVERY TIME: WITHIN 20 DAYS AFTERING RECEIVING L/C

Beneficiary Bank Name: HSBC China

Bank Code: 404(optional),

Beneficiary Bank Address: Rm 400F China insurance Group 21

Road Central China SWIFT Code: HSBCHKCHCKT,

Beneficiary Account Name: VGA GROUP LIMITED,

Beneficiary Account Number (T/T): 401-833708-831

Beneficiary Account Number (L/C): 802-213453-370

VGA GROUP LIMITED

25 Sep. 2008(valid 8 working days)

Add: Unit No.19th Floor,Wyn Comm.Building, 8 Caught Road West, China



ALLEGIANCE
HEALTH PLAN MANAGEMENT, INC.
P.O. BOX 4384 MISSOULA, MONTANA 59804

MEDICAL EXPENSE REIMBURSEMENT REQUEST

(USE THIS FORM TO SUBMIT CLAIMS BY FAX OR MAIL)
(To send scanned claims go to: <http://www.shpmfpa.com/submit>)

FAX: 406-523-3149 or TOLL FREE FAX: 877-424-3539
PHONE: 406-721-2222 or TOLL FREE PHONE: 877-424-3570
Please visit www.shpmfpa.com for additional forms.

Comment Box

Return FAX # _____
Return Phone # _____
PAGES: _____ including this cover sheet
Attention To: _____

Please use black or dark blue ink. Do not use highlighter, red ink or gel pens. Do not include day care expenses on this form.

Company Name: _____
Employee Name: _____ SSN: _____
(Required) (Required) (Required)

Use eligible medical, dental or vision services and expenses for you and your family that you have not already claimed through Ins. COB. Do not claim amount of the expense you have to pay after insurance pays its share. Insurance premiums, deducted by your employer, are NOT eligible.

PLEASE SEE REVERSE FOR FILING CLAIM INSTRUCTIONS

Types of Expenses	Dates Incurred	Total Out-of-Pocket Expenses
Total Medical Reimbursement Requested	From _____ To _____	\$ _____
Total Prescription Reimbursement Requested	From _____ To _____	\$ _____
Total Vision Reimbursement Requested	From _____ To _____	\$ _____
Total Dental / Ortho. Reimbursement Requested	From _____ To _____	\$ _____
Total OTC Drugs Reimbursement Requested	From _____ To _____	\$ _____
Total Reimbursement Requested		\$ _____

YOU MUST SUBMIT INDEPENDENT, ORIGINAL DOCUMENTATION OF YOUR EXPENSES WITH THIS CLAIM FORM. IF ANY OF THESE EXPENSES WERE COVERED BY INSURANCE, ATTACH A COPY OF THE "EXPLANATION OF BENEFITS" FROM YOUR INSURANCE COMPANY AS DOCUMENTATION. FOR EXPENSES NOT COVERED BY INSURANCE, SEND A COPY OF A BILL OR INVOICE CONFIRMING THE SERVICE, SERVICE DATE, TOTAL CHARGES AND ANY DISCOUNTS. IF THE REQUIRED DOCUMENTATION IS NOT ATTACHED, YOUR REIMBURSEMENT WILL BE DELAYED.

I certify that these statements are true and that the claimed expenses were incurred in diagnosis, care, treatment, or other prevent a disease and other only medical, dental or vision services, and/or expenses of being treated. I understand that these purchased funds to promote general health are not reimbursable. I further understand that expenses reimbursed by FLEX may not be claimed on my individual tax return at the end of the year.

Employee Signature: _____ Date: _____
(Required)

Check here if your address has changed. Please list to the right. New Address: _____



Bd full form medical. Full form of od and bd in medical terms. What is the abbreviation bd. Bd medical term.

Please follow and like us: The Full form of BD is *in die* which means twice a day. BD means the prescribed medicine should be taken *twice daily*. Wait a moment and try again. When we take medicine two times in a day, we may also say it BD, if we take it once daily we may also say it OD. He also advised us to take the medicine in morning, evening or at night. We can think these abbreviations as a kind of doctor shorthand. If OD is written, medicine should be taken once daily. Something went wrong. They normally do this in order to provide the individual who is responsible for administering or dispensing the prescribed medication (in most cases a pharmacist or nursing staff) with as much information as possible in a limited space. When we go to a doctor for our treatment, he prescribes so many medicines in the form of tablet, capsule, syrup or any ointment. Sometimes the doctor advice us to take the medicine once or twice a day. Please follow and like us: Term/abbreviation Meaning ABI Acquired brain injury ADLs Activities of daily living (e.g. dressing, showering, eating, cooking etc) AOD Alcohol or other drugs AH Auditory hallucinations AMA Acute management area (another term for HDU) ANUM Associate nurse unit manager Ax Assessment BD Twice daily (medication frequency) BIBA Brought in by Ambulance BIBP/F Brought in by police/family BPAD Bipolar affective disorder BPD Borderline personality disorder C/O Complained of CAT team/CATT Crisis Assessment and Treatment team CCU Community care unit *supported accommodation for people with mental illness, with onsite mental health clinical services* CLZ Clozapine (anti-psychotic medication) COS Close of shift CRUCU Community Residential Care Unit CTT Continuing care team (based at a community mental health service) CWM/CWT Compliant with medication/compliant with treatment D&A Drugs and alcohol D/C Discharge (from hospital, compulsory order) Depot Medication For injection DX Diagnosis Dynamic factors Factors that can change ECU Extended care unit, and First Aid EL / UEL Escorted Leave / Unescorted EPSE Leave (extra-pyramidal) Etoh alcohol side effects Father FEP FEP Psychosis First episode Flexicare Another term for a one st high addiction or intensive care unit, FTD formal thought Discussion order GFA Grandpa G/MO granny HDU / HDAU high addiction unit / acute high addiction unit (usually a separate area of an acute unit with a personal / patient relationship Higher and a lower stimulus) HTO / TOHTO Damage to other / thoughts of damage to other HMO hospital (which can be the attending person's doctor, under supervision (another term for HDU) ID intellectual disabilities IR immediate release (medicines) Im of MDE drugs Depressive Episode Major Mother MSE examination of mental state (including evaluation of the appearance, of the mood, of the content of thought, behavior, intuition and judgment and general behavior) MST support team Mobile MX Medication NAD No anomaly detected / No acute disorder Nava sodium valproate nil ftd No formal thoughty disorder nil pd d noise disorders nightly (refers to drug administration) num nurse unit manager oob out of bed parc prevention and recovery center *Residential unit in the community for short-term treatments* often a hospital reduction for oral / oral PRN reducing risk Q1H / Q1W / Q1m, every hour / every week / every month RIB resting to bed RPN Psychiatric nurse registered RX Medical SAD Schizoaffective Disorder Schx / Sz Sz SECU Secure extended care unit is located for mental health hospital unit providing rehabilitation and treatment, often long term SI/SH/HTO/TOSHISI Suicide ideation/self harm/harm to others/thoughts of self harm and suicide Sn Seclusion SRS Supported residential service Sx Symptoms Static factors that do not change TDS Three times a day (frequency of medication) THC Cannabis/Marijuana Tx *Treatment* UEL / EL Unescorted/escorted leave UDS Urine drug screen VH visual hallucinations XR Extended release (drugs) +, +, + Very Reg Psychiatric registrar 1/52, 2/52 Weekly, twice a week 1/26 Fortnight 3/7 Aug, 3/52 Aug 3 days ago, 3 weeks ago 1/12, 2/12 Monthly, twice a month 15/60, 60/60 Every 15 minutes, every hour to the frequency of nursing observations required while a patient hospitalized in the ward) Be also aware of HoNOS *the Health Scale of the Nation, covering a number of domains including symptoms and psychiatric relationships, and establish a number of scales, with the format: 0 = no problem 1 = minor problem that does not require no action 2 = mild problem but definitely present 3 = moderately severe problem 4 = severe to very severe problem* So these are the writing patterns of a doctor on a prescription. Doctors or prescribers often make use of medical abbreviations *many derived from Latin phrases* *when writing orders for medicines (or prescriptions).*

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