

## SPECIFIC STOP-LOSS CLAIM FORM

Initial Submission

Subsequent Submission

Policyholder:	
Policy Period:	Contract Basis:
Employee Name:	Social Security #:
Hire Date:	EE Effective Date of Coverage:
Claimant Name:	Date of Birth:
Claimant Effective Date:	Diagnosis:
<b>Reimbursement Request <b>must</b> include the following information:</b>	
<input type="checkbox"/> Enrollment form (initial one with employer group including any change form)	
<input type="checkbox"/> COBRA enrollment form (if applicable)	<input type="checkbox"/> Pre-existing documentation and/or HIPAA certification
<input type="checkbox"/> Proof of COBRA premium payments	<input type="checkbox"/> Proof of pre-certification for all hospitalizations
<input type="checkbox"/> Documentation of full-time student status (if applicable)	<input type="checkbox"/> Hospital Audit Reports
<input type="checkbox"/> Current claim form including documentation of other insurance	
<input type="checkbox"/> Detailed claim report including itemized bills and explanation of benefit forms. Bills are to be attached to the EOB's.	
<input type="checkbox"/> Documentation of Potential Third Party Liability Recoveries (accident details, police report, subrogation forms, auto insurance)	
<input type="checkbox"/> <b>Large Case Management?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, provide copies of LCM reports.</b>	

<b>Continuation of Coverage Information: MUST be completed when the employee is the Claimant</b>	
Last Date Actively at Work:	Return to Work Date:
FMLA Dates- <i>From:</i>	<i>To:</i>
COBRA effective date:	COBRA paid through date:
Extension of Benefits (specify how & dates):	

Benefits Paid by Plan:	\$ _____
Less: Ineligible Claims:	- _____
Less: Specific Deductible (initial only)	- _____
Reimbursement Requested (this sub)=	\$ _____
Advance Funding Amount=	\$ _____

TPA Name:	
Address:	
Phone number:	Fax number:
Contact Name:	Email:
Signature:	Date:

*I hereby certify to the best of my knowledge, the above information is correct and that the claim has been paid and funded in accordance with the Plan Sponsor's Plan Document.*