

Specific Excess Loss Claim Reimbursement Request Form

Total Requested Amount: \$ _____

Specific Claim Submission Type:

Initial Claim
 Subsequent Claim
 Advance Funding
 Urgent

Contractholder Information

Contractholder: _____ Contract Period: _____

Employee Information

Employee Name: _____ Effective Date: _____

Date of Birth: _____ Hire Date: _____

Termination Date: _____ COBRA Effective Date: _____

COBRA Paid to Date: _____ COBRA Termination Date: _____

Claimant Information

Claimant Name: _____ Relationship to EE: _____

Date of Birth: _____ Effective Date: _____

Claim Details

Total Paid Claims: \$ _____

Less Specific Deductible: (\$ _____)

Less Aggregating Specific Deductible: (\$ _____)

Less Amount Previously Requested: (\$ _____)

Less Ineligible: (\$ _____)

Total Requested Amount: \$ _____

Does this claim involve:
 Subrogation
 Workers' Compensation
 Other Insurance

TPA: _____

Contact Name: _____ Phone Number: _____

Email Address: _____ Date: _____

Please submit completed forms to: claims@iisinet.com

FRAUD NOTICE: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Required Documentation

- ✔ Detailed paid claims report including diagnosis code, procedure codes, revenue codes, provider name and tax ID number. (Excel preferred.)
- ✔ Eligibility
 - Enrollment and subsequent changes
 - COBRA election form and proof of payment(s)
 - Documentation for continuation of coverage during time off work (sick, vacation, PTO, FMLA, leave of absence, etc.)
- ✔ UB04 for hospital bills exceeding \$100,000
- ✔ Case management reports
- ✔ Deductible & coinsurance (for all years involved)
- ✔ Investigation Correspondence
 - Accident
 - Workers' Compensation
 - Coordination of benefits
 - Student status
 - Bill reviews
 - Medical necessity reviews
 - Signed subrogation form (if applicable)
- ✔ Pre-certification(s)