



SPECIFIC REIMBURSEMENT REQUEST FORM

_____ Initial Notification _____ Subsequent Notification _____ Advance Funding Request

Group Name _____ Current Policy Period _____

EE Name _____ Social Security Number _____

EE Date of Hire _____ EE Effective Date _____

Other Insurance _____ Yes _____ No COBRA? _____ Yes _____ No

Claimant Name _____ Relationship _____ DOB _____

Last Day Worked _____ EE Current Status _____

Diagnosis/ICD 9 _____ Prognosis _____

Clinical Information _____

Initial date of Accident/Illness _____ Large Case MGMT _____ Yes _____ No

PPO Facility _____ Yes _____ No Hospital Name _____

Dates of Service: From _____ Through _____

Is claimant currently hospitalized or at home? _____

If currently hospitalized, anticipated Discharge Date _____

Total Eligible Benefits this Submission \$ _____

Less Specific Deductible \$ _____

Balance \$ _____

Reimbursement Requested \$ _____

Your Reimbursement Request Should Include the Following Information (If Applicable):

Copies of:

Copy of Summary Plan Description
Enrollment Form (Initial/Current)
Employee Claim form (current)
COBRA election form/payments
Medicare election form
EOBs/Claim Checks/registers
Itemized Bills
Deductible/coinsurance proof

Investigation Materials For:

COB
Full Time student status
Pre-Existing
Large case management reports
Physician's statements
Subrogation Yes or No
Workers compensation
Accident details/police report

Pre-Certification Form Yes or No
Hospital audits/reviews Yes or No
Hospital records
Divorce or separation decrees or court orders

WE CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT THE CLAIMS HAVE BEEN PAID IN ACCORDANCE WITH THE PLAN DOCUMENT.

TPA _____

TPA
Address _____

TPA Phone _____ Ext. _____ Fax # _____

Email
Address _____

Claim Contact Name _____ Phone # _____

Large Case Management Contact Name _____ Phone # _____

Authorized Signature _____

Title _____

Date _____

Please send or fax claims to:

East Coast Underwriters, LLC
P.O. Box 2468
Spartanburg, SC 29304

Phone: 864-542-1565
Fax: 864-542-1598