



SPECIFIC CLAIM SUBMISSION CHECKLIST

- ___ Completed Specific Stop Loss Claim form
- ___ Cumulative Paid Claims Report
- ___ Copy of original enrollment card (including hire date and effective date)
- ___ Completed claim form or verification of other insurance/ Medicare investigation
- ___ Employee work status (last date worked/method of continuing coverage)
- ___ COBRA election form and proof of COBRA premium payments
- ___ Copies of claim checks or report including check numbers and paid dates
- ___ Copies of claims, EOB's and/ or claim reports for the following categories:
 - ~ **Facility claims < 75k:** send UB documentation only
 - ~ **Facility claims > 75K:** UB, EOB and itemized bill
 - ~ **Provider claims < 5k:** detailed claim report
 - ~ **Facility & Provider claims >100k:** UB, itemized bills, EOB's and audit results
- ___ Copies of pre-certifications for applicable claims
- ___ Case management reports
- ___ Copies of investigative materials to support the claim (when applicable)
 - ___ Medical Records
 - ___ Divorce or separation decrees or court orders
 - ___ Full-time student status verification
 - ___ Accident details, police report, PIP payments, subrogation agreement
 - ___ Pre-existing condition investigation/certificate of Creditable Coverage
 - ___ Starting date of dialysis
 - ___ Proof that claims have been funded