



SPECIFIC CLAIM SUBMISSION CHECKLIST

- ___ Completed Specific Stop Loss Claim form
- ___ Copy of enrollment (including hire date and effective date)
- ___ Verification of other insurance (current year)/ 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
- ___ Excel paid claim reports for requested amount as well as the following documents:
 - **Facility claims > 100K:** UB and itemized bill
 - **Facility and Provider claims > 25k:** copy of claim
- ___ 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
 - ___ Accident details, police report, PIP payments, subrogation agreement
 - ___ Starting date of dialysis
 - ___ Proof that claims have been funded
 - ___ Case management invoices
 - ___ Contingency fee invoices