

# Potential Specific Excess Loss Notification Form

Notice filed based on Diagnosis       Notice filed as 50% of the Specific Deductible

## Elegibility Section

Contractholder: \_\_\_\_\_

	Covered Person	Claimant
o Name:		
o Gender/Relation:		
o DOB:		
o Effective Date:		
o Termination Date:		
o COBRA Effective:		
o Actively at Work:		
o Full time Student:		

## Excess Loss Section

Carrier: \_\_\_\_\_ Contract Number: \_\_\_\_\_ Contract Year: \_\_\_\_\_

Specific Deductible: \$ \_\_\_\_\_ Current Contract Basis: \_\_\_\_\_

## Claim Information

Case Mgmt Co: \_\_\_\_\_ Contract: \_\_\_\_\_ Phone: \_\_\_\_\_

PPO(s): \_\_\_\_\_

Diagnosis (use ICD-9 & Description): \_\_\_\_\_

Status: \_\_\_\_\_

Prognosis: \_\_\_\_\_

Comments: \_\_\_\_\_

## Payment Information

Charges RECEIVED to Date: \$ \_\_\_\_\_ Charges PAID to Date: \$ \_\_\_\_\_

Charges UNPROCESSED to Date: \$ \_\_\_\_\_

Completed by (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\* THIS NOTIFICATION DOES NOT CONSTITUTE A CLAIM FILING \*\***

If you are e-mailing this form, please send to: [claims@vistaunderwriting.com](mailto:claims@vistaunderwriting.com)

If you are mailing a hard copy of this form, please send to the following:

One80 Intermediaries I Vista Underwriting, Rose Tree Corporate Center, Building II, Suite 4050,  
1400 N. Providence Road, Media, PA 19063, ATTN: Claims Department

**Fraud Compliance Notice:** "Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20."

"California Residents: 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." Per California Insurance Code Section 1871.2