

50% Notification/Specific Excess Loss Claim

50% Notification
 Initial Claim
 Supplemental Claim
 Final Request

Employer/Group Name: _____

Current Policy Period: _____ Specific Deductible: _____

Employee Information

Employee: _____ Social Security Number: _____

Date of Birth: _____ Date of Hire: _____ Original Effective Date: _____

What is the employee's work status?

Actively working the required number of hours per week to be considered full-time

Retired (date retired: _____) Disabled

Coverage is being continued through the following:

Leave of Absence
 FMLA
 Sick Time
 Vacation
 Coverage Termination Date: _____

Is COBRA applicable?
 Yes*
 No
 COBRA effective date: _____
 COBRA termination date: _____

Claimant Information

Name: _____ Original Effective Date: _____

Date of Birth: _____ Relationship to Employee: _____ Gender: _____

Is claimant covered by any other insurance (i.e., Worker's Compensation, Auto, and Group Plan)? Yes* No

Effective Date: _____
 Carrier: _____

Claim Data

Requested Amount: _____ TPA Paid to Date: _____

Incurred Dates for this request: _____ to _____ Paid Dates: _____ to _____

Diagnosis Code: _____ Description: _____

Was claimant listed on NUS Disclosure Statement? Yes No* *If No, Why? _____

Was patient I/P confined? Yes* No *If Yes, list DOS and procedures: _____

Pre-Certification needed? Yes* No *If Yes, Enclosed? _____

Hospital Audit performed? Yes* No *If Yes, Enclosed? _____

Will this claim be Subrogated? Yes* No *If Yes, Enclosed? _____ *If accident, please provide the complete accident details and a police report.*

Is Pre-existing Condition applicable? Yes* No *If Yes, is HIPPA certification enclosed? _____

UR/LCM Information

Are Case Management services active? Yes* No *If Yes, Enclosed? _____

UR/LCM Vendor Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone Number: _____ Email: _____

Completed By: _____ Phone Number: _____ Date: _____

Failure to complete this form could delay claim payments.

*Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. ***NOTICE – See State-Specific Fraud Notices included with this form.****

GENERAL FRAUD NOTICE: NOTE TO ALL PARTIES COMPLETING THIS FORM:

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

FRAUD NOTICE: For the states of AL, AZ, AR, CO, DE, DC, FL, GA, IN, KS, KY, LA, MD, ME, NC, NE, NH, NJ, NM, OK, OR, PA, RI, TN, TX, VA, VT, WA and WV, please refer to the following fraud notices:	
Alabama	Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.
Arizona	For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas, Louisiana, Rhode Island, West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Georgia, Oregon, Vermont	Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kansas	Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of law.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Maryland	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine, Tennessee, Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Nebraska	Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing false, incomplete or misleading information is guilty of insurance fraud.

FRAUD NOTICE (CONTINUED):

New Hampshire	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.
New Jersey	Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
North Carolina	Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Texas	Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Virginia	Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.