

Date: _____ Initial Claim Filing Subsequent Claim – Filing # _____
 Specific Advanced Payment

NOTE: Prior to submitting a claim, a Potential Specific Excess Loss Notification must have been completed and sent to One80 to properly reserve for this claim. If the Notification is on file, we can proceed on this claim.

Elegibility Section (On Subsequent Claims Only Complete * Items)

*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 (On Subsequent Claims Only Complete * Items)

Dates: o First DOS: _____ o First Received: _____ o First Admit: _____

Other Coverage: Yes* No
 *If Yes, include information: COB TPL W/C Medicare Other: _____

*Case Mgmt Co: _____ *Contract: _____ *Phone: _____

PPO(s): _____

*Diagnosis (use ICD-9 & Description): _____

*Status: _____

*Prognosis: _____

*Comments: _____

*Date: _____ *Contractholder: _____

*COVERED PERSON: _____ *CLAIMANT: _____

(Continue on Page 2)

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." 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.***

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 If you are a California resident, you have certain rights under California privacy laws regarding your personal information. To view your rights, please review our California Privacy Notice and Notice at Collection located at www.fslins.com

Excess Loss Claim Information (On Subsequent Claims Only Complete * Items)

*Total Benefits Paid: \$ _____

*Less Specific Deductible: \$ _____

*Balance: \$ _____

Deductions (On Subsequent Claims Only Complete * Items)

*Benefit %: \$ _____

*Total Prior Reimbursements: \$ _____

*Reimbursement Requested: \$ _____

*Est. Future Expenses: \$ _____

Please include LEGIBLE copies of the following (12) items:

- Enrollment information sufficient to document the covered person and claimant’s effective date.
- Document the covered person and claimant met eligibility requirements of the Plan at the time of claim. (i.e. Payroll records indicating hours worked, COBRA election form & premium payment records, etc.).
- *Copies of the itemized provider billings (on bills greater than \$10,000 or \$100,00 for hospital billings).
- *Copies of the Explanation of Benefits on all claims paid.
- *Copies of the check registers or other reporting showing check numbers and the date claims have been paid.
- If the deductible and co-insurance were previously met, please document.
- Document there was no other insurance available to the claimant at the time of the claim (COB).
- All medical records obtained through pre-existing investigations, when appropriate.
- *Operative reports and the calculation of the reasonable and customary fees.
- Document accident details and subrogation agreements, when appropriate.
- *Prognosis and an estimation of outstanding liabilities and/or future expenses.

*Completed by (signature): _____

*Date: _____

*Administrator Name: _____

*Phone: _____

If you are e-mailing this form, please send to: ESLClaims@one80.com

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

One80 Intermediaries I Medical Stop Loss
18 Campus Blvd. Suite 208, Newtown Square, PA 19073, ATTN: Claims Department

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FRAUD WARNING NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING:

Rev 02/23

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.

CALIFORNIA FRAUD NOTICE:

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.

STATE 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.

FRAUD WARNING NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING:

Rev 02/23

STATE FRAUD NOTICE (CONTINUED):	
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.
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.