



SPECIFIC CLAIM FORM

Initial Claim Supplemental Claim 50% Notification Specific Advancement*

Employer Name _____	Policy Period _____
Policy Number _____	SSN _____
EE Name _____	EE Effective Date _____ Hire Date _____
Eff Date of Birth _____	EE Termination Date _____
Paid to Date _____	Last Day Worked _____ Current Status _____
Claimant Name _____	Relationship _____ DOB _____
Claimant Effective Date _____	COBRA Eff. Date _____ Prm. Paid To _____
Diagnosis/ICD 9 _____	Case Management Reviewed <input type="checkbox"/> No <input type="checkbox"/> Yes
Prognosis _____	Vendor _____
	Telephone No. _____

Total Eligible Benefits this Submission	\$ _____
Less Specific Deductible	\$ _____
Balance	\$ _____
Percent to be Reimbursed	\$ _____ %
Reimbursement Requested	\$ _____

Estimated Future Liability \$ _____

YOUR REIMBURSEMENT REQUEST SHOULD INCLUDE THE FOLLOWING INFORMATION (IF APPLICABLE):

Copies Of:

Investigation Materials For:

- Enrollment form/Creditable Coverage Certificate
- Employee Claim Form (current)
- COBRA Election Form/Payments
- EOBs/Claim Checks/Registers
- Itemized Bills
- Deductible/Coinsurance Proof
- Precertification Form
- Hospital Repricing Sheets
- Divorce or Separation Decrees or Court Orders

- COB
- Full-Time Student Status
- Pre-existing
- Large Case Management Reports
- Subrogation (Accident Detail/Police Report)
- Workers' Compensation

***ADVANCE FUNDING REQUEST FORM AND SPECIFIC CLAIM FORM MUST BE COMPLETED WHEN REQUESTING SPECIFIC ADVANCEMENT**

PLEASE READ BEFORE SIGNING

I hereby certify that, to the best of my knowledge, after reasonable inquiry: (1) All applicable premiums for this group have been paid through the current period; (2) A prospective claim notification for this claim has been provided to Perico Life; (3) The specific deductible has been processed and funded, and checks have been released to all respective providers; (4) The employer is current in funding of all other claims for this group.

Signed: _____ Date: _____

TPA Name: _____

Address: _____

Phone: _____ Ext. _____ Fax No. _____

