

Large Case Notification



Complete this form if you have one of the following:

Ongoing claim that has reached 50% of the Specific Deductible
The claim has the possibility of exceeding the Specific Deductible
Medical Management Services/Referral
An individual is diagnosed or is receiving treatment applicable under the Trigger Point Diagnosis List

Provide separate attachments for each individual claim. Do not batch notifications when submitting via email

Important: do not use for Excess Loss Claim Submissions

Date:

TPA:

Contact Person:

Email:

Phone:

Fax:

Policyholder: _____

Policy Number: _____

Employee: _____

Employment Date: _____ Effective Date of Coverage: _____

Current Status of EE: Active: Yes No Terminated: Yes No Disabled: Yes No Retired: Yes No

Deceased: Yes No Date of Death: _____

Is COBRA applicable? Yes No If yes, effective date: _____

Specific Deductible: _____

Policy Period: _____

DOB: _____

Termination Date: _____

Claimant: _____ DOB: _____ Sex: Male Female

Relationship to Employee: _____ Claimant's Effective Date: _____ Termination Date: _____

Address: _____

Telephone: _____ Dependent Child over 18? Is the dependent a full time student? Yes No

Prognosis: _____ Date of Sickness/Injury Onset: _____

Diagnosis & ICD10 Codes: _____

Describe how accident occurred: _____ Accident Date: _____

Attending Physician: _____ Telephone Number: _____

Inpatient Stay/Surgery Date & Description: _____

Hospital: _____

Check if applicable:

Claimant is hospitalized

Claimant is continuing treatment

ERSD Onset Date: _____

Case Management (Attach current copies of reports)

Name of LCM Co: _____

Case Manager Name: _____

Case Manager Phone#: _____

Other Coverages – Check if applicable:

Other Policyholder Insurance

Carriers Name: _____

Insured's Name: _____

DOB: _____

Medicare Subrogation

Workers Compensation Yes, Subrogation Agreement

Auto Insurance has been filed.

Initial Amount Paid to Date: _____

Date Paid Thru: _____

Pended Amount: _____

Ground up or Excess of Specific

Reason: _____

Reserve amount set for future Expenses (specify ground up or excess of specific): _____

Additional Comments: _____