PACE™ Underwriters

SPECIFIC EXCESS LOSS CLAIM FORM (Page 1 of 2)

Date:_____ ☐ Initial Claim Filing ☐ * Subsequent Claim – Filing # _____
☐ Advanced Funding **(On subsequent claims only fill in * items)**

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

Eligibility Section

*Contract Holder: _____

	COVERED PERSON	*CLAIMANT
*Name:	_____	
Gender/Relation:	_____/_____	_____/_____
DOB:	_____	_____
Effective Date:	_____	_____
Termination Date:	_____	_____
COBRA Effective:	_____	_____
Actively at Work:	_____	_____
Full time Student:	_____	_____

Stop Loss Section

Carrier Name: _____ Contract Number: _____ Contract year: _____

Specific Deductible: $_____ Current Contract Basis: _____

Claim Information

Dates: First DOS: _____ First Received: _____ First Admission: _____

Other Coverage: ☐ NO ☐ YES - If yes, include information:

☐ COB ☐ TPL ☐ W/C ☐ Medicare ☐ Other _____

Case Mgmt Co: _____ *Contact: _____ *Phone #: _____

PPO(s): _____

* Diagnosis (use ICD-9 & Description):

_____

*Status: _____

*Prognosis: _____

*Comments: _____

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PACE™ Underwriters

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(Page 2 of 2)

*Date:_____ *Contract Holder: _____

*COVERED PERSON:_____ *CLAIMANT: _____

Reinsurance Claim Information

*Total Benefits Paid: $_____

*Less Specific Deductible: $_____

*Balance: $_____

Deductions

*Benefit %: $_____

* Total Prior Reimbursements: $_____

***Reimbursement Requested**: $_____ *Est. Future Expenses: $_____

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

- ☐ The Enrollment Form, including documentation of 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).
- ☐ *Copies of the Explanation of Benefits on all claims paid.
- ☐ *Copies of the check registers or 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 Disclosure Statement provided at the Underwriting and/or Application for insurance

*Email address: _____ *Date: _____

*Administrator Name: _____ *Phone #: _____

Please make checks payable to _____ and sent to_____.

Send **SPECIFIC EXCESS LOSS CLAIM FORM** to:

PACE Underwriters – Claims, 4120 International Parkway Suite 2200, Carrollton, Texas 75007, P: (972) 905-1501