M-D UNDERWRITING SERVICES, INC.

SPECIFIC CLAIM REIMBURSEMENT FORM

From:____ Date:_______________________________

____

____ Phone #:____________________________

____

Policyholder:____

Policy #:____________________ Specific Deductible: $___________________________ Policy Effective/ Expiration Date:______________________

Employee:____________________________________ D.O.B.____________________ SSN________________________________

Claimant:____________________________________ Sex______ Relationship__________ D.O.B.__________ SSN______________

Dates of Service for this Reimbursement Request:________________________________

Latest Paid Date for this Reimbursement Request:________________________________

Total Benefits Paid ____________________________________

Less Specific Deductible ____________________________________

Balance ____________________________________

Benefit % ____________________________________

Reimbursement Requested ____________________________________ Estimated Future Expenses______________

Please include legible copies of the following:

1. A copy of the Enrollment Card including documentation of the employee's effective date.
2. Documentation that the employee or dependent meets the eligibility requirements at the time of claim, i.e., hours worked, Actively-at-Work.
3. Legible copies of itemized provider billings.
4. Legible copies of Explanation of Benefits paid.
5. Legible copies of the checks or check register indicating that the claims have been paid.
6. If the deductible and co-insurance were previously met, please document this.
7. Documentation the no other insurance was available at the time of the claim (COB).
8. All medical records obtained through pre-existing investigations, when appropriate.
9. Operative reports and the calculation of the reasonable and customary fees.
10. Accident details and Subrogation Agreements, when appropriate.
11. Prognosis and an estimation of outstanding liabilities and /or future expenses.

Prepared by: ____

Print Name: ____

Title:____

MDU

Back to Basics

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