Specific Excess Loss Claim Reimbursement Request Form

☐ Initial Claim ☐ Subsequent Claim ☐ Advance Funding ☐ RUSH

Contractholder: _____ Contract Year: _____

Contract Type: _____

Employee Information

Employee Name: _____ Effective Date: _____

Claimant Information

Claimant Name: _____ Relationship to EE: _____

Date of Birth: _____ Effective Date: _____

Eligible Claims This Submission: $ _____

   Less Specific Deductible: ($ _____)

   Less Aggregating Specific Deductible: ($ _____)

   Less Amount Previously Requested: ($ _____)

Amount Requested This Submission: $ _____

Please Include the Following Documents

• Eligibility forms   • Work status form   • COBRA (with proof of payment)   • COB   • Precerts

• Excel paid claims report   • UB04 for claims billed over $100,000   • Case management notes

I certify to the best of my knowledge that the information provided on this form is correct and that the claims have been paid in accordance with the contractholder's plan document.

TPA: _____

Contact Name: _____ Phone Number: _____

Email Address: _____ Date: _____

Signature: _____

FRAUD NOTICE: 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.

Please return completed forms to claims@iisinet.com

T: 415.398.6603
F: 415.398.6851

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