



# LARGE LOSS ALERT

**TO: MANAGED CARE  
MADELINE MCGRUFF, RN, BSN, PHN  
VICE PRESIDENT OF MANAGED CARE**

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*Intermediary  
Insurance  
Services,  
Inc.*

**FROM:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **FAX NUMBER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TOTAL NUMBER OF PAGES INCLUDED:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**EMPLOYEE:** \_\_\_\_\_ **SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PATIENT:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**DIAGNOSIS:** \_\_\_\_\_

**PAID TO DATE :** \_\_\_\_\_ **PENDING:** \_\_\_\_\_

**FACILITY:** \_\_\_\_\_

**ADMIT DATE:** \_\_\_\_\_ **DISCHARGE DATE:** \_\_\_\_\_

**DOES FACILITY BELONG TO A LOCAL PPO: YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**BILLED CHARGES:** \_\_\_\_\_ **PPO ALLOWED:** \_\_\_\_\_

**NAME OF PPO BEING UTILIZED** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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