



Excess Loss Reinsurance Claim

Reinsurer: American National Ins Co. American National Life Ins Co. of TX Standard Life and Accident Ins. Co.

Initial Reimbursement Request for \$ _____

Subsequent Reimbursement Request # _____ for \$ _____

If this is a "Subsequent" claim, complete only this section and any new information below

Total Reimbursement Request to date \$ _____

Is this a Request for Advance Funding? Yes No

MGU Name _____

TPA _____

Employer _____

PPO _____

Fee Negotiator, if any _____

Employee: _____ Date Effective under the Plan: _____

Dependent: _____ Relationship to Employee: _____

Date of Birth: _____ Age (current): _____

Employee's eligibility history and status [LDW; FMLA thru; Medical LOA thru; COBRA; RTW; Termination; Retiree?; etc.]: _____

Other Coverage? Medicare? _____

Pre-Existing Condition? _____

Third-Party Liable? _____

Treaty Year _____

SSL Amount \$ _____

Aggregate SL Amount \$ _____

Reinsurance Limit \$ _____

Reinsurance Basis (12/12; 24/12; 12/15; etc.) _____

Laser applicable (if so, the amount)? \$ _____

Disclosure information about this member: _____

Diagnosis: _____

Treatment: _____

Large Bills: _____

Completed by: _____ Date: _____

Company: _____

Preferred contact info: _____

Verify the necessary documentation is included in all Initial Reimbursement Requests:

- Signed Treaty with Application
- Summary Plan Description/Booklet
- Disclosure Material
- Enrollment Card and/or Application reflecting initial hire and effective dates

Documentation to be enclosed with all Initial and Subsequent Reimbursement Requests:

- Verification of continued eligibility
- Verification of Dependent eligibility
- Investigations (Case Management reports; Pre-x; Medical Necessity; Exp/Inv; Third-Party; etc.)
- Cumulative paid claim report including Dates of Service; Provider; Procedure Codes; Charge; Ineligibles; Discounts
- All Bills that accumulate toward the Requested Reimbursement amount
- Pre-Certifications