



Send/fax claims to:
East Coast Underwriters, LLC
P.O. Box 2468
Spartanburg, SC 29304
Phone: 864-542-1565 fax: 864-542-1598

SPECIFIC STOP LOSS CLAIM NOTIFICATION FORM

_____ Initial Notification _____ Subsequent Notification _____ 50% or Potential Large Claim

Group Name _____ Current Policy Period _____

EE Name _____ Social Security Number _____

EE Date of Hire _____ EE Effective Date _____

Claimant Name _____ Relationship _____ DOB _____

Last Day Worked _____ Current Status _____

Diagnosis/ICD 9 _____ Prognosis _____

Clinical Information _____

Initial date of Accident/Illness _____ Large Case MGMT _____ Yes _____ No

PPO Facility _____ Yes _____ No Hospital Name _____

Dates of Service: From _____ Through _____

Is claimant currently hospitalized or at home? _____

If currently hospitalized, anticipated Discharge Date _____

Total Eligible Benefits Paid \$ _____

Amount of any Pended Claims \$ _____

Estimated Future Liability \$ _____



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We certify that the above information is correct and that the claims have been paid in accordance with the plan document.

TPA _____

TPA Address _____

TPA Phone _____ Ext. _____ Fax _____

Claim Contact Name _____ Phone # _____

Large Case Management Contact Name _____ Phone # _____

Authorized Signature _____

Title _____

Date _____