



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

SPECIFIC REIMBURSEMENT REQUEST FORM

_____ Initial Notification _____ Subsequent Notification _____ Advance Funding Request

Group Name _____ Current Policy Period _____

EE Name _____ Social Security Number _____

EE Date of Hire _____ EE Effective Date _____

Other Insurance _____ Yes _____ No COBRA? _____ Yes _____ No

Claimant Name _____ Relationship _____ DOB _____

Last Day Worked _____ EE 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 _____



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Total Eligible Benefits this Submission \$ _____
Less Specific Deductible \$ _____
Balance \$ _____
Reimbursement Requested \$ _____

Your Reimbursement Request Should Include the Following Information (If Applicable):

Copies of:

- Copy of Summary Plan Description
- Enrollment Form (Initial/Current)
- Employee Claim form (current)
- COBRA election form/payments
- Medicare election form
- EOBs/Claim Checks/registers
- Itemized Bills
- Deductible/coinsurance proof

Investigation Materials For:

- COB
- Full Time student status
- Pre-Existing
- Large case management reports
- Physician's statements
- Subrogation Yes or No
- Workers compensation
- Accident details/police report

- Pre-Certification Form Yes or No
- Hospital audits/reviews Yes or No
- Hospital records
- Divorce or separation decrees or court orders

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 _____

Email Address _____

Claim Contact Name _____ Phone # _____

Large Case Managemnt Contact Name _____ Phone # _____

Authorized Signature _____

Title _____

Date _____