



TRU Services, A Liberty
Mutual Company
152 Conant Street
2nd Floor
Beverly, MA 01915
Phone: (978)564-0200
Fax: (978)564-0201

Initial
 Subsequent

Specific Excess Insurance Claim Reimbursement Request

This form must be completed for all reimbursements

Plan Sponsor _____ Policy # _____

Employee Name _____

If applicable:

Dependent Name _____

This Claim Request cannot be processed without the following:

- Copy of Employees Enrollment Data and Continued Eligibility Form completed
- Detailed paid claims report to include: provider name, date of service, CPT/ICD 10 code, charge amount, discount amount, coinsurance, deductible/co-pay, paid amount and paid date or explanation of benefits (EOB)
- All itemized billing statements corresponding to detailed paid claims report or EOB
- Case management reports
- Any other document that may be needed to satisfy the reimbursement of this claim, such as but not limited to; subrogation, pre-certifications and medical reports

COMPLETE FOR INITIAL CLAIM ONLY

Date Claim Incurred/ From: _____ To: _____

Benefits paid by plan: \$ _____

Specific Deductible: \$ _____

Amount Requested: \$ _____

Advance Amount

Requested: \$ _____

COMPLETE FOR CONTINUING CLAIM

Total of previous requests: \$ _____

Benefits paid this submission: \$ _____

Additional amount requested: \$ _____

Advance amount requested: \$ _____

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS CORRECT AND THAT THE CLAIM HAS BEEN PAID IN ACCORDANCE WITH THE PLAN SPONSOR'S PLAN DOCUMENT.

TPA: _____ Date: _____

Contact: _____ Tel #: _____

FOR HOME OFFICE USE ONLY:

Date: _____ Amount Reimbursed: \$ _____

Approved by: _____ Details _____

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.