



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**

**COMPLETE FOR CONTINUING CLAIM**

Date Claim Incurred/From \_\_\_\_\_ To: \_\_\_\_\_

Total of previous requests: \$ \_\_\_\_\_

Benefits paid by plan: \$ \_\_\_\_\_

Benefits paid this submission: \$ \_\_\_\_\_

Specific Deductible: \$ \_\_\_\_\_

Additional amount requested: \$ \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Advance 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 \_\_\_\_\_

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.