Specific Excess Loss Notification of Potential Large Claim

☐ High Cost DX ☐ High paid or pending ☐ IP stay of 5+ days ☐ Potential transplant ☐ Dialysis

Policyholder:_______________ Policy Period:_______________

Specific Deductible: $_______________ Contract Basis:_______________

Employee Name:_______________ ID:_______________ Date of Birth: _______________

Hire Date:_______________ Effective Date:_______________ Termination Date (if applicable):_______________

Claimant Name:_______________ Date of Birth:_______________Relationship:_______________

Effective Date:_______________ Termination Date (if applicable): _______________

COBRA Effective Date (if applicable):_______________ Eligible for Medicare? ☐ Yes ☐ No

Claimant "Actively-at-Work" on Effective Date? ☐ Yes ☐ No

Is Claimant Covered by any other Group Insurance? ☐ Yes ☐ No

If Yes, Name of Carrier and Policyholder: _______________

Total Claims **Reported** To Date: $_______________ Total Claims **Paid** To Date: $_______________

Amounts **Pending**: $_______________ Estimate of Future / Total Liability: $_______________

Primary Diagnosis:_______________Secondary Diagnosis:_______________

Date of Onset:_______________ On-Going Condition? ☐ Yes ☐ No

Current Physician**:**_______________ Surgical Procedures:_______________

Date(s) of Hospitalization:_______________ Facility Name:_______________

Is Facility In-Network? ☐ Yes ☐ No Contracted Discount:_______________

Subrogation Involved? ☐ Yes ☐ No **If the diagnosis is related to an accident, please provide accident details.**

Case Management? ☐ Yes ☐ No CM Vendor:_______________ **Please provide current CM report.**

Prognosis and Expected Treatment:_______________

____

TPA _______________ Contact Name_______________

Telephone_______________ Email _______________

Signature_______________ Date_______________

Email to riskmgmt@truservices.com
TRU Services, A Liberty Mutual Company
152 Conant Street, 2nd Floor | Beverly, MA 01915
Fax: 978-564-0201 | Phone: 978-564-0200

Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.