

## Reimbursement Request – Aggregate Stop Loss Claim

Contract Holder: \_\_\_\_\_ Year End Claim:  End of Month Claim: \_\_\_\_\_

Contract Number: \_\_\_\_\_ Original Effective Date: \_\_\_\_\_

Contract Year: \_\_\_\_\_ Aggregate includes: Medical  Dental  Vision  Rx  Run In  \_\_\_\_\_

Monthly Factors: \_\_\_\_\_ Employees: \$ \_\_\_\_\_ Dependents: \$ \_\_\_\_\_

Minimum Annual Attachment Point: \$ \_\_\_\_\_

Total Claims Paid During The Policy Year: \$ \_\_\_\_\_

Less Adjustments

I. Claims Paid Outside The Benefit Plan

Voids & Returns:	\$ _____
Pending Additional Info:	\$ _____
Not Covered:	\$ _____
Payment Errors:	\$ _____
Additional Adjustments:	\$ _____
Underfunded Miscellaneous:	\$ _____

Total Adjustments: \$ \_\_\_\_\_

Total Eligible Paid Claims: \$ \_\_\_\_\_

II. Specific Claims Paid and Pending

a) _____	\$ _____	
b) _____	\$ _____	
c) _____	\$ _____	
d) _____	\$ _____	
e) _____	\$ _____	\$ _____

Less:

Net claims subject to annual deductible: \$ \_\_\_\_\_

Aggregate deductible for the year: \$ \_\_\_\_\_

Previous month reimbursement: \$ \_\_\_\_\_

Reimbursement requested: \$ \_\_\_\_\_

### Attachments:

1. Contract year-to-date monthly check register showing all payments, voids, reissues, and refunds; identifying any non-claim payments (e.g. administration fees, etc.). The register should show check number, date of check, name of claimant, incurred date, and check amount.
2. Contract year-to-date claim listing by coverage's and claimant (by month, if monthly). Only include those coverage's eligible for the Aggregate.
3. Listing of all specific Stop Loss claims for the agreement period.
4. Contract year eligibility listing by month.
5. Attachment point calculation.
6. Prescription Drug Card registers.
7. Check register report.

**I certify that the above information is correct and that the claims have been paid in accordance with the Plan Document.**

TPA/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_