SPECIFIC EXCESS LOSS CLAIM FILING

WHEN TO FILE A SPECIFIC EXCESS LOSS CLAIM

Submit a specific excess loss claim to Summit Re for reimbursement once the claim exceeds the Policyholder's specific excess loss deductible by at least $500. The expected payment of all subsequent submissions should be greater than $500.

WHAT TO INCLUDE IN A SPECIFIC EXCESS LOSS CLAIM FILING

Please complete the SPECIFIC EXCESS LOSS CLAIM FORM to submit a claim to Summit Re. The claim form, included below, requests information regarding the Policyholder coverage, the covered person and claimant's eligibility, and certain claim information. Make sure you attach copies of documents requested on the second page to avoid delays in reimbursement.

WHERE TO SEND A SPECIFIC EXCESS LOSS CLAIM FILING

Specific Excess Loss Claims should be sent to:

Employer Stop Loss Claims
Summit Reinsurance Services, Inc.
6920 Pointe Inverness Way, Suite 140
Fort Wayne, IN 46804

Phone: 260-469-3000
Email: eslclaims@summit-re.com
www.summit-re.com

SummitRe

Specific Excess Loss Claim Form

Date: ______________ ☐ Initial Claim Filing ☐ Subsequent Claim – Filing # _____

Policyholder Information

Policyholder: ______________________________ Policy #: ______________

Policy Effective Date:______________ Stop Loss Deductible: $ ______________

Policy Basis: ______________

Eligibility Information

	COVERED PERSON	*DEPENDENT*
Name:	______________________	______________________
Gender/Relation:	__________ / __________	__________ / __________
Social Security/ID	______________	______________
DOB:	______________	______________
Effective Date:	______________	______________
Hire Date	_____	
Termination Date:	______________	______________
COBRA Effective:	______________	______________
Leave Type:	_____	
Last Day Worked:	______________	
Date Returned	_____	
Actively at Work:	______________	

Claim Information

Other Coverage: ☐ NO ☐ YES - If Yes, include information:

☐ COB ☐ TPL ☐ W/C ☐ Medicare ☐ Other ______________

Main Diagnosis (use ICD-10 & Description): ______________________________

Special Consideration (any additional information or extenuating circumstances of which we should be aware):

____

____

SummitRe

Specific Excess Loss Claim Form

Covered Person: ______________________ Dependent: ______________________________

Specific Excess Loss Claim Information

Total Benefits Paid: $______________

Less Specific Deductible: $______________

Less Aggregating Specific: $______________

Total Prior Reimbursements: $______________

Reimbursement Requested: **$**______________ Est. Future Expenses: **$**______________

Please include LEGIBLE copies of the following:

- ☐ Coverage History (screen shots, reports, other formats) showing covered person's and claimant's original effective date(s) and any coverage changes, up to the present
- ☐ If applicable, documents showing the covered person and claimant met eligibility requirements of the Plan at the time of claim (e.g., payroll records, COBRA election form, HIPAA Certificates, FMLA, etc.)
- ☐ A Detailed Claim Report showing the claim numbers, dates of service, provider names, procedure/revenue codes, modifiers, billed amounts, discount amounts, deductible, coinsurance, copays, paid amounts, dates paid, check numbers
- ☐ Copies of the provider billing (UB04 or CMS-1500) for bills greater than $100,000. If we need other bill copies or find that we need an itemized bill, we will request them.
- ☐ Utilization Review and Large Case Management Reports
- ☐ Cost Containment Data (re-pricing, rate negotiation, network savings, hospital audits)
- ☐ Invoices for any vendor fees
- ☐ Supporting Documentation (other insurance, disclosures, police reports/third party liability/subrogation, Workers' Comp)
- ☐ Proof of deductible and co-insurance for all applicable calendar years

Your Name: ____ Date: ____________________

TPA/Health Plan Name: _________________________________ Phone: ____________________

Your Email Address: ____

Mail to: Summit Re - Claims, 6920 Pointe Inverness Way, Suite 140, Fort Wayne, IN 46804
Email: eslclaims@summit-re.com

01.25.23