SummitRe

HMO/PXS/MXS CLINICAL NOTIFICATION FORM
Email to claims@summit-re.com

Date:	Agreement/Policy Number:
Plan Name:	Patient Name:
Agreement/Policy Period:	Patient Number:
Member Type: Deductible:	
☐ **$**	Patient Date of Birth: _____/_____/_____

Amount of eligible expenses paid to date: $_____

Professional $_____ Hospital $_____
Other $_____

Total amount of claim expected: $_____

Dates of service: From: ____/____/_____ To: ____/_____/_____

If a bill for services has been received:

Do billed charges exceed R&C? ☐ Y ☐ N
Are there questionable charges? ☐ Y ☐ N

If yes, please explain:
_____
_____

Diagnosis: _____
Prognosis and current
Treatment plan:_____

If inpatient (acute, LTAC), provide name and location of facility
_____
_____

Is the patient in-network? ☐ Y ☐ N
If not, have you negotiated a rate? ☐ Y ☐ N
Negotiated rate_____
Expected LOS _____

If member is receiving high cost drugs:

Name of drug _____
Frequency _____
Expected cost per month _____
Drug distributor used _____

Is the member receiving dialysis? ☐ Y ☐ N
Is the dialysis center in-network? ☐ Y ☐ N
If not, have you negotiated a rate? ☐ Y ☐ N

Negotiated rate _____

Dialysis cost per month $ _____
Has member been referred for transplant? ☐ Y ☐ N
If not, why? _____
Dialysis start date _____
Medicare primary date _____

Is the member receiving services out of your service area not discussed elsewhere? ☐ Y ☐ N

If yes, have you negotiated a rate? ☐ Y ☐ N

Negotiated rate _____

Type of services: _____

Is outside vendor performing management services?
☐ Y ☐ N Name _____

Is the member in a NICU? ☐ Y ☐ N
Is the NICU in-network? ☐ Y ☐ N
If not, have you negotiated a rate? ☐ Y ☐ N
Negotiated rate _____
Expected LOS _____

Form completed by:

Name: _____
Title: _____Phone_____
Email address _____

How can Summit ReSources assist you in managing this case:
Claim Repricing ☐ Bill Negotiation ☐ Bill Audit ☐ Transplant Network ☐ LVAD ☐ Congenital Heart ☐
Dialysis Negotiation ☐ Dialysis Bill Review ☐ Perinatal or Neonatal Case Management ☐ Physician Consult/Review ☐
Pharmacy Assistance ☐ Air Ambulance Negotiation or Bill Review ☐ Clinical Research ☐