



## SPECIFIC CLAIM CHECKLIST

1. Enrollment Form to include: a) hire date; b) effective date
2. Creditable Coverage Certificate (if not a new employee) or If A Pre-X Investigation Was Performed Or Necessary, all information obtained during investigation
3. COBRA Continuation if applicable, should include: a) signed election form to include length of continuation and effective date; b) date last worked; c) proof of COBRA payments.
4. Claim Form to include: accident details to include how, when and where the accident occurred, if applicable, other insurance information
5. Check Copies Or Check Registers should include: a) check dates; b) check numbers; c) check amounts
6. Legible Itemized Bills and EOB's
7. If Pre-Certification And/Or Second Surgical Opinion Required, verification that this was obtained
8. Reasonable And Customary calculations used for surgeries and anesthesia/calculations in connection with multiple surgeries
9. Large Case Management And Audit Documentation, if applicable
10. Reimbursement Requests should include: diagnosis, estimate of total charges, prognosis, policy period, policy number, group name, insured name and claimant name, total paid to date, and amount requested
11. Specific Claim Forms should be completed to include: specific deductible amount, policy number, estimate of total claims, prognosis, claim payments this report and claims paid to date
12. Advance Funding Request Form, when advance funding is being requested.
13. Complete Summary Sheet or a Copy of Paid Claims Report reflecting claims which total the amount requested
14. COB verification that no other insurance exists: i.e., verification of contact with employer if spouse is dependent on coverage
15. Hospital Bills over \$20,000.00 should be discounted required when miscellaneous expenses exceeding \$20,000.00. If the hospital is an out-of-network facility and no discount is available, send a copy of the UB92 to Perico for review
16. Preferred Provider Organizations (P.P.O.) should include list of providers (physicians, hospitals) repricing/discount sheets
17. Subrogation Agreements when third party involved and a copy of the Police Report for motor vehicle accidents or for services for which a law enforcement agency is involved
18. Other Documentation we may request