

PERICO LIFE INSURANCE COMPANY



13358 Manchester Road, St. Louis, MO 63131

Telephone: (314)965-5675, Fax: (314)965-7054

SPECIFIC CLAIM FORM

Initial Claim Supplemental Claim 50% Notification Specific Advancement*

Employer Name _____
Policy Number _____
EE Name _____
Eff Date of Birth _____
Paid to Date _____
Claimant Name _____
Claimant Effective Date _____
Diagnosis/ICD 9 _____
Prognosis _____

Policy Period _____
SSN _____
EE Effective Date _____ Hire Date _____
EE Termination Date _____
Last Day Worked _____ Current Status _____
Relationship _____ DOB _____
COBRA Eff. Date _____ Prm. Paid To _____
Case Management Reviewed No Yes
Vendor _____
Telephone No. _____

Total Eligible Benefits this Submission \$ _____
Less Specific Deductible \$ _____
Balance \$ _____
Percent to be Reimbursed \$ _____ %
Reimbursement Requested \$ _____

Estimated Future Liability \$ _____

YOUR REIMBURSEMENT REQUEST SHOULD INCLUDE THE FOLLOWING INFORMATION (IF APPLICABLE):

Copies Of:

Enrollment form/Creditable Coverage Certificate
Employee Claim Form (current)
COBRA Election Form/Payments
EOBs/Claim Checks/Registers
Itemized Bills
Deductible/Coinsurance Proof
Precertification Form
Hospital Repricing Sheets
Divorce or Separation Decrees or Court Orders

Investigation Materials For:

COB
Full-Time Student Status
Pre-existing
Large Case Management Reports
Subrogation (Accident Detail/Police Report)
Workers' Compensation

***ADVANCE FUNDING REQUEST FORM AND SPECIFIC CLAIM FORM MUST BE COMPLETED WHEN REQUESTING SPECIFIC ADVANCEMENT**

PLEASE READ BEFORE SIGNING

I hereby certify that, to the best of my knowledge, after reasonable inquiry: (1) All applicable premiums for this group have been paid through the current period; (2) A prospective claim notification for this claim has been provided to Perico Life; (3) The specific deductible has been processed and funded, and checks have been released to all respective providers; (4) The employer is current in funding of all other claims for this group.

Signed: _____ Date: _____

TPA Name: _____

Address: _____

Phone: _____ Ext. _____ Fax No. _____