ADVANCED FUNDING CLAIM SUBMISSION FORM

PLEASE SUBMIT TO: CLAIMS@UMEXPERTS.COM

UME
Underwriting Management Experts

	Submission #:	
Group Name:	Policy Effective Date:	Terms:
Employee Name:		DOB:
Claimant Name:		DOB:
Current Work Status: ☐ Active ☐ Leave of Absence/Disability ☐ FMLA ☐ COBRA ☐ Retired ☐ Deceased, *Date:*		
Diagnosis:		
Discount Claim: ☐ **Yes** ☐ **No**	If **Yes**, date payment required:	
LCM: ☐ **Yes** ☐ **No**	If **Yes**, include most recent reports.	
TPA Paid to Date Amount: $		
Reimbursement Requested Amount: $		
Advanced Funding Requested Amount: $		
Total Requested Amount: $		

PLEASE NOTE: All Advanced Funding requests must meet or exceed $1,000. Advanced Funding may be requested up to 30 days from the end of the policy terms. Please include all pertinent documentation. This may include but is not limited to:

- Precertification(s)
- Provider Information
- Claim Reports in Excel
- Savings Fee Invoices
- LCM Notes
- Updated Work Status

Additional Information may be requested. ***Please contact UME if you are unable to acquire a discount.***

TPA Name:	
Address for Reimbursement:	
Phone:	Email:
Submitted By:	Date:

WARNING: *It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.*