# INITIAL SPECIFIC EXCESS CLAIM SUBMISSION FORM

UME
Underwriting Management Experts

Group Name:_____ Terms:_____ Policy Effective Date:_____

Employee Name:_____ DOB:_____ Effective Date:_____

Is Employee Currently Active at Work: Y N If no, how is coverage being maintained:_____

Claimant Name:_____ DOB:_____ Effective Date:_____

Diagnosis Code(s):_____ Original Date of Diagnosis:_____

TPA Paid to Date Amount: $_____

Less Specific Deductible: $_____

Less Aggregate Specific: $_____

Requested Amount: $_____

**Please include the following with the initial submission (additional information may be requested):**

- Enrollment, eligibility information - Enrollment card or any correlating documentation, other insurance information if applicable
- Current work status (attach additional form) including dates claimant missed work
- If applicable, COBRA documentation and COBRA premiums paid to date, FMLA documentation
- If applicable, accident details including police reports and signed subrogation forms
- Precertification(s), operative reports, LCM reports, UR Notes, medical records
- Paid reports in Excel reflecting the following:
    - Provider information
    - Diagnosis codes and procedure codes
    - Billed amounts, PPO discounts, amounts paid
    - Any deductible, co-pay, or OOP processed for the claim

*****Please contact UME if you are unable to acquire a discount*****

TPA Name:_____

Address for Reimbursement:_____

_____

Phone:_____ E-mail:_____

Submitted By:_____ Date:_____

PLEASE SUBMIT CLAIMS TO: **claims@umexperts.com**

**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.*