ADVANCED NOTICE OF EXCESS CLAIM REPORT

PLEASE SUBMIT TO: CLAIMS@UMEXPERTS.COM

UME
Underwriting Management Experts

Please provide the following information for excess claims that have reached 50% of the specific deductible

Group Name:	Specific Deductible:	Policy Effective Date:

CLAIMANT INFORMATION

Employee Name:	DOB:	Effective Date:
Claimant Name:	DOB:	Effective Date:

Relationship to Employee: ☐ ME ☐ FE ☐ MSP ☐ FSP ☐ MC ☐ FC

Diagnosis *(Include ICD-10 Codes)*:	Original Diagnosis Date:
Initial Date of Treatment:	If Ongoing Treatment:

Current Treatment and Prognosis: _____

_____

_____

Amount Paid to Date:

Amount Pending:	Reason Pending:

Estimate of Additional Charges:

Please Specify if LCM is Currently in Place: ☐ Yes ☐ No

If Yes, List Contact and Phone:

If No, Specify Reason:

TPA Name:

Address:

Phone:	Email:

Submitted by:	Date:

PLEASE FORWARD ANY LARGE HOSPITAL BILLS, OR NOTICE OF HIGH DOLLAR RX AND/OR TREATMENTS

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.*