SUPPLEMENTAL SPECIFIC EXCESS 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:	$		
Current Requested Amount:	$		

PLEASE NOTE: All Supplemental requests must meet or exceed $1,000, apart from the final submission.

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.*