



Bardon Insurance Group, Inc.  
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## POTENTIAL LARGE CLAIM / 50% NOTIFICATION

### I. General Information:

Group Name:	Contract Year:
Third Party Administrator	Effective Date of Plan:

**Complete this form if ANY of the following situations occur:**

- > An ongoing claim is approaching or has exceeded 50% of the specific deductible.
- > There is a potential for a large claim and the diagnosis appears on Bardon's list of Trigger Diagnosis Codes.
- > There is a confinement of greater than 30 days.
- > A confinement is out-of-network or out-of-the area.

Employee Name	ID/Social Security #	DOB	Eff. Date	Term. Date
Claimant Name	Relationship	DOB	Eff. Date	Term. Date

**PROVIDE ALL THE DIAGNOSIS CODES THAT APPLY IN ICD-9 FORMAT, or attach a separate report with codes.**  
 Please do not use abbreviations or descriptions.

### Claimant Prognosis and Future Treatment Needs:

### II. Reinsurance Benefits

	Payments to Date:
Total Amount Paid:	\$ _____
Reinsurance Deductible:	( _____ )
Balance:	\$ _____
Estimated Future Payments	\$ _____

### III. Cost Control Checklist (Check the appropriate box and describe action taken in detail.)

Large Case Management (Provide name & phone number of contact person.)
Hospital Audits or Negotiated Discounts
Negotiations with Non-PPO Providers
Utilization of PPO Providers
Other

Completed by:	Date:	
Fax:	Phone:	Email Address: