

Specific Reimbursement Request



Bardon Insurance Group, Inc.
 8326 E. Hartford Drive, Suite 100
 Scottsdale, AZ 85255
 (480) 682-1400 Main

(480) 682-1450 Fax

(888) 550-4961 Toll Free

Case/Employer Name:

Third Party Administrator:

Policy Year:

Employee:

Claimant:

Employee Effective Date of Coverage:

Is the employee actively at work: Yes No Retired Yes No Retirement Date:

Please complete the Confirmation of Work Status/Eligibility questionnaire if employee is not actively working.

Employee	ID/Social Security #	Date of Birth	Date Prem Paid to:	
Claimant	Relationship	Date of Birth	Specific Deductible	Contract Basis

COBRA: Yes No If yes, provide copy of COBRA election form and proof of COBRA premium payment.

Subrogation or TPL Potential: Yes No If yes, provide documentation.

COB: Yes No Documentation must be provided for dependents.

Total Paid/Payable to Date	Amount of Initial Request	Amount of Supplemental Request

Diagnosis: Provide all current diagnoses with ICD-9 codes.

Large Case Management: Yes No If yes, provide name and address of LCM vendor.

PLEASE RESPOND TO THE FOLLOWING FUNDING QUESTIONS:

All claims for this request have been funded.	Yes	No
All claims up to the specific deductible have been funded.	Yes	No
This is a request for a simultaneous reimbursement.*	Yes	No
This is a request for specific advance*	Yes	No

- * Specific advance is not available in the last 30 days of the contract period.
- * Simultaneous reimbursement is not available in the last 30 days of the contract period without prior approval.
- * All requests must be received by Bardon within 7 days of the check/claim, while the contract period is in effect.
- * Fax or email a copy of this form to Bardon and submit the back-up documentation within 7 days.
- * All requests for specific advance or simultaneous reimbursement **must exceed 10%** of the specific deductible.
- * Stop loss premium must be current for the month(s) in which the claims are paid.

EXCEPTIONS TO THE RULES LISTED ABOVE REQUIRE PRIOR WRITTEN APPROVAL FROM BARDON

Prepared by: _____ Date: _____

Phone: _____

Name and Address of Administrator: _____ Fax: _____

Email: _____