

50% NOTIFICATION/PROSPECTIVE CLAIM NOTIFICATION

This forms should be completed for any claim reaching 50% or more of the specific deductible for any one covered person, has the potential to exceed 50% of the specific deductible or when it has been determined the individual has been diagnosed with a catastrophic indicator.

Once any of the above mentioned have been met, IRC must be given written notification within 30 days.

Notifications can be emailed to Sharon Pino at IRC to spino@irc-ohu.com.

POLICY HOLDER INFORMATION

Group Name:		Contract Year:	
Specific Deductible: \$			
TPA Name:		Contact Person:	Phone:
TPA Address:			
Contact Email:			Date:

EMPLOYEE INFORMATION

Last Name :		First Name:	
Male	Female	D.O.B:	Coverage Eff. Date:
			Coverage Term Date:

CLAIMANT INFORMATION *(If the claimant is other than Employee, please complete this section)*

DEPENDENT'S Name:		Date of Birth:	
Relationship to Claimant:			
Date of Onset:	Date of Last Treatment:		Dates of Confinement:
Diagnosis:		Prognosis:	
Current Treatment Plan:			
Total Claim paid to date: \$	Avg. Monthly expenses: \$		Estimate total of claim: \$

CLAIM INFORMATION

Is claimant still hospitalized?	Yes	No	Name of facility:
Was Case Management implemented?	Yes	No	
Case Manager Contact Name:			Telephone #:

Please fill out form, print, save and submit email to spino@irc-ohu.com

Note: You cannot save date typed into this form