



Mail to: P.O. Box 535061  
 Pittsburgh, PA 15253-5061  
 Or email to: HMMCR-eclaims@hmg.com  
 Phone: 800-328-5433

## MANAGED CARE REINSURANCE CLAIM FORM

Type of Claim:  Initial Request for Reimbursement  Subsequent Request for Reimbursement

GENERAL INFORMATION				
Reinsurance Agreement #:			Agreement Year: _____ through _____	
Company:		Covered Person:		
Claimant:			D.O.B.: _____/_____/_____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Covered Person (Insured):		Relationship:		
Plan Type: <input type="checkbox"/> PPO <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> POS <input type="checkbox"/> HMO <input type="checkbox"/> CHIP <input type="checkbox"/> Other: _____		Claimant Effective Date:		
Diagnosis(es):		ICD Code (Listed on Page 3):		

CLAIM INFORMATION				
Health Care Provider	Contracted Facility	Billed Charges	Amount Paid	Eligible Amount
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
Total Claim: \$ _____		Company Retention: \$ _____		
<b>Total Reimbursement Being Requested:</b> \$ _____				

ADDITIONAL INFORMATION	
COB:	If Yes, Please Indicate the Name of the Other Carrier:
Accident:	If Yes, Please Indicate How, Where and When the Accident Occurred:
Subrogation/Right to Recovery:  If Yes, Please provide a Copy of the Signed Subrogation Letter.	Comments:

SUBMISSION INFORMATION	
Submitted By:	Today's Date: _____/_____/_____
Title:	Tel #:
Address:	

## MANAGED CARE REINSURANCE CLAIM FORM

The following items are required before reimbursement request can be processed:

Eligibility - Copy of the original enrollment application with initial claim submission

UB - 92 Hospital Bill Summary

Copy of Physician, drug and DME bills (if applicable)

Proof of Claim Payment (explanation of benefits or worksheet)

### FRAUD NOTICE

Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.

In **Florida**, any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

In **Kentucky**, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Any application for insurance in writing by the applicant shall be altered solely by the applicant or by his written consent; except that insertions may be made by the insurer for administrative purposes only in such manner as to indicate clearly that such insertions are not to be ascribed to the applicant.

In **Maryland**, any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In **Oregon**, any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties if intentional and material to the risk.

In **Washington**, 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.

We certify that the above information is correct and that the claims have been paid in accordance with the plan.

EXAMPLES OF POTENTIALLY CATASTROPHIC DIAGNOSIS

The following **Diagnosis List** provides *examples* of some diagnoses that could potentially result in a shock claim. Shock Losses are injuries, illnesses, diseases, or diagnoses that are reasonably likely to result in a significant medical expense claim or disability.

**ICD-10 Diagnosis List**

<b>A00–B99</b> B17.1–B17.11	<b>Infectious Disease</b> Hepatitis C	<b>J00–J99</b> J96.00–J96.92	<b>Disease of Respiratory System</b> Respiratory Failure
<b>C00–D49</b> C00–C14 C15–C26 C30–C39 C43–C44 C50–C50 C51–C68 C69–C72 C81–C96 D46.9	<b>Neoplasms</b> Malignancies of Oral Cavity and Pharynx Malignant Neoplasm of Digestive Organs Malignant Neoplasm of Respiratory Organs Melanoma Breast Malignancies Genitourinary Malignancies Malignancies of the Nervous System Leukemias, Lymphomas and Myelomas Myelodysplastic Syndrome	<b>K00–K95</b> K70.0–K74.69 K72.00–K72.91	<b>Diseases of the Digestive System</b> Chronic Liver Disease Liver Failure
<b>D50–D89</b> D57.1 D59 D61.01 D66 D81.0 D82.1 D83.1 D84.1	<b>Hematologic/Immunologic Disorders</b> Sickle Cell Anemia Hemolytic-Uremic Syndrome Aplastic Anemia Hemophilia/Hereditary Factor VIII Deficiency Severe Combined Immune Deficiency (SCID) DiGeorge Syndrome Immune Deficiency T Cells (AIDS) Alpha 1-Antitrypsin	<b>N00–N99</b> N18.1–N18.9	<b>Disease of Genitourinary System</b> Chronic Renal Failure
<b>E70–E88</b> E74.02 E75.22 E84.0	<b>Metabolic Disorders</b> Pompe Disease Gaucher’s Disease Multiple Sclerosis	<b>O00–O9A</b> O30.10–O30.109 O30.20–O30.209 O60.00–O60.14	<b>Pregnancy, Childbirth &amp; Puerperium</b> Triplet Pregnancy Quadruplet Pregnancy Preterm Labor
<b>G00–G99</b> G12.9 G12.21 G.47 G61.0 G91.1	<b>Diseases of the Nervous System</b> Spinal Muscular Atrophy Lou Gehrig’s Disease (ALS) Narcolepsy Guillain-Barre Syndrome Obstructive Hydrocephalus	<b>P00–P96</b> P07.00–P07.36 P22.0	<b>Perinatal Conditions</b> Preterm Infant Respiratory Distress Syndrome of Newborn
<b>I00–I99</b> I27.0 I42.0–I42.9 I46.9 I60.9	<b>Diseases of Circulatory System</b> Primary Pulmonary Hypertension Cardiomyopathy Cardiac Arrest Subarachnoid Hemorrhage	<b>Q00–Q99</b> Q20–Q28 Q23.4 Q39.0–Q39.4 Q89.7	<b>Congenital Malformations</b> Congenital Heart Diseases Hypoplastic Left Heart Syndrome Tracheoesophageal Fistula Multiple Anomalies
		<b>S00–T88</b> S06.0–S06.9 S12–S14 S88 T07 T20–T32 T79 T86.00–T86.02 T86.00–T86.09 T86.90–T86.92 T86.90–T86.99	<b>Injury, Poisoning and Trauma</b> Brain Injuries Spinal Cord Injuries Amputations Multiple Trauma Injuries Burns Early Complications of Trauma Graft vs. Host Disease Graft vs. Host Disease Complications of Transplants Complications of Transplants

# MANAGED CARE REINSURANCE CLAIM FORM

## ICD-9 Diagnosis List

<b>001–199</b>	<b>Infectious and Neoplasms</b>	<b>600–699</b>	<b>Conditions of Pregnancy</b>
070	Hepatitis C	644.2	Early Onset of Delivery
141–148	Malignancies of Oral Cavity and Pharynx	651.1	Triplet Gestation
150-172	Gastrointestinal and Respiratory Cancers, Melanoma	651.2	Quadruplet Gestation
174–189	Breast and Genitourinary Malignancies	<b>700–799</b>	<b>Perinatal Conditions</b>
191–199	Nervous System and Unspecified Malignancies	745–746	Congenital Heart Disease
<b>200–299</b>	<b>Hematologic Disorders</b>	750.3	Tracheoesophageal Fistula
200–208	Leukemias, Lymphomas, Myelomas	759.7	Multiple Anomalies
272.7	Gaucher's Disease	765-765.1	Preterm Infants
277.0	Cystic Fibrosis	765.7	Abdominal Wall Anomalies
277.6	Alpha 1-Antitrypsin	769	Respiratory Distress Syndrome
279.10	Immune Deficiency T-Cell (AIDS)	<b>800–899</b>	<b>Injury and Poisoning</b>
279.11	DiGeorge Syndrome	806	Cervical Spinal Cord Injury
279.2	Severe Combined Immune Deficiency (SCID)	851.9	Open Laceration of the Brain (GSW)
282.6	Sickle Cell Anemia	852-854	Brain Injuries
284	Aplastic Anemia	897	Amputations
286.0	Hemophilia	<b>900–999</b>	<b>Trauma</b>
<b>300–399</b>	<b>Neurological Disorders</b>	945–948	Burns
331.4	Obstructive Hydrocephalus	952.9.	Spinal Cord Injury
335.20	Lou Gehrig's Disease (ALS)	958	Early Complications of Trauma
357.0	Guillain-Barre Syndrome	959.8	Multiple Trauma Injuries
<b>400–499</b>	<b>Cardiac, Pulmonary Vascular</b>	996.80	Complications of Transplants
416	Primary Pulmonary Hypertension	996.85	Graft vs. Host Disease
425	Cardiomyopathy		
427.5	Cardiac Arrest		
430	Subarachnoid Hemorrhage		
<b>500–599</b>	<b>Respiratory, Liver and Renal</b>		
515	Post Inflammatory Pulmonary Fibrosis		
518.81	Respiratory Failure		
571	Chronic Liver Disease/Cirrhosis		
572.8	Liver Failure		
585	Chronic Renal Failure		