



Mail to: 7800 SW 57th Ave. Ste. 201
Miami, FL 33143
Or email to: HMMCR-eclaims@hmg.com
Phone: 305-262-2662

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: \$ _____	
Total Reimbursement Being Requested: \$ _____				

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

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

For your protection, **California** requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

In the **District of Columbia**, WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

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 **New Jersey**, any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties.

In **Ohio**, any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

In **Oklahoma**, WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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 **Pennsylvania**, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

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

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

A00–B99 B17.1–B17.11	Infectious Disease Hepatitis C	J00–J99 J96.00–J96.92	Disease of Respiratory System Respiratory Failure
C00–D49 C00–C14 C15–C26 C30–C39 C43–C44 C50–C50 C51–C68 C69–C72 C81–C96 D46.9	Neoplasms 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	K00–K95 K70.0–K74.69 K72.00–K72.91	Diseases of the Digestive System Chronic Liver Disease Liver Failure
D50–D89 D57.1 D59 D61.01 D66 D81.0 D82.1 D83.1 D84.1	Hematologic/Immunologic Disorders 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	N00–N99 N18.1–N18.9	Disease of Genitourinary System Chronic Renal Failure
E70–E88 E74.02 E75.22 E84.0	Metabolic Disorders Pompe Disease Gaucher’s Disease Multiple Sclerosis	O00–O9A O30.10–O30.109 O30.20–O30.209 O60.00–O60.14	Pregnancy, Childbirth & Puerperium Triplet Pregnancy Quadruplet Pregnancy Preterm Labor
G00–G99 G12.9 G12.21 G.47 G61.0 G91.1	Diseases of the Nervous System Spinal Muscular Atrophy Lou Gehrig’s Disease (ALS) Narcolepsy Guillain-Barre Syndrome Obstructive Hydrocephalus	P00–P96 P07.00–P07.36 P22.0	Perinatal Conditions Preterm Infant Respiratory Distress Syndrome of Newborn
I00–I99 I27.0 I42.0–I42.9 I46.9 I60.9	Diseases of Circulatory System Primary Pulmonary Hypertension Cardiomyopathy Cardiac Arrest Subarachnoid Hemorrhage	Q00–Q99 Q20–Q28 Q23.4 Q39.0–Q39.4 Q89.7	Congenital Malformations Congenital Heart Diseases Hypoplastic Left Heart Syndrome Tracheoesophageal Fistula Multiple Anomalies
		S00–T88 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	Injury, Poisoning and Trauma 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

001–199	Infectious and Neoplasms	600–699	Conditions of Pregnancy
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	700–799	Perinatal Conditions
191–199	Nervous System and Unspecified Malignancies	745–746	Congenital Heart Disease
200–299	Hematologic Disorders	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)	800–899	Injury and Poisoning
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	900–999	Trauma
300–399	Neurological Disorders	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
400–499	Cardiac, Pulmonary Vascular	996.80	Complications of Transplants
416	Primary Pulmonary Hypertension	996.85	Graft vs. Host Disease
425	Cardiomyopathy		
427.5	Cardiac Arrest		
430	Subarachnoid Hemorrhage		
500–599	Respiratory, Liver and Renal		
515	Post Inflammatory Pulmonary Fibrosis		
518.81	Respiratory Failure		
571	Chronic Liver Disease/Cirrhosis		
572.8	Liver Failure		
585	Chronic Renal Failure		