IRC
INTERNATIONAL RISK CONSULTANTS

RSC Claims Contact:
Tel: 978-794-3900 ext: 110
Fax: 978-682-6784

IRC Claims Contact:
Tel: 781-581-9800 ext: 78738
Fax: 781-581-9888

REQUEST FOR SPECIFIC EXCESS LOSS REIMBURSEMENT

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

***Date Filed**:*

Note: You cannot save date typed into this form

***This request represents**:*	☐ ***Initial Submission***	☐ ***Subsequent Submission***	☐ ***Specific Advance***

POLICY HOLDER INFORMATION

***Group Name**:*	***Claim Policy Year**:*

Paid To Date	$
Less Specific Deductible	$
Prior Submissions	$
Reimbursed Requested	$

EMPLOYEE INFORMATION

***Last Name** :*			***First Name**:*
◯ ***Male*** ◯ ***Female***	***Date of Birth**:*	***Date of Hire**:*	***Effective Date of Insurance**:*
Diagnosis:			***Diagnosis ICD Code:***
Last Day of Work:			***Termination Date:***

Current Employment Status**:* ☐ ***Active ☐ ***Disabled*** ☐ ***Retired*** ☐ ***Other:***

Does the employee have coverage through Cobra? ◯ **Yes** ◯ **No**	***COBRA Effective Date:***	***COBRA Premium Paid to Date:***

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

***DEPENDENT'S Name**:*		***Date of Birth:***
Relationship to Claimant:	***Effective Date:***	***Termination Date:***

Does Dependent have any other insurance? ◯ **Yes** ◯ **No**

TPA INFORMATION

TPA Name:	
TPA Address:	
Contact Name:	***Telephone Number:***
Case Manager Contact Name:	***Telephone Number:***
Large Case Management: ◯ Yes ◯ No	***Vendor for Large Case Management:***

PRINT RESET FORM

Your reimbursement request should include the following information:

Copies of:

- Enrollment form (inititate/current)
- COBRA Election form and proof of payment
- Deductible/coninsurance proof
- EOBs/Claim checks/registers
- Itemized bills
- Pre-certification forms

Investigation Material for (if applicable):

- COB (include divorce, seperation, and/or court order)
- Full-time student status
- Pre-existing conditions
- Large case management reports
- Subrogation (include reimbursement agreement and accident details)
- Workers' Compensation