

Specific Excess Loss Explanation of Reimbursement



SOLUTIONS FOR THE UNION WORKPLACE

Policyholder:	ABC Workers' Union Health & Welfare Trust	Contract Effective Date:	01/01/2016
		Policy No:	SL123456
		Contract Type:	12/12
Prepared By:	Jane Doe, Examiner	Telephone #	(800) 328-5837
		Email:	gpahuja@ullico.com
Carrier:	The Union Labor Life Insurance Company		
Employee:	John Smith	SSN	XXX-XX-6789
Date Hired:		Date Eligible	
Term Date:			
Claimant:	John Smith	Date of Birth:	12/12/1980
Relationship:	Self	Diagnosis Date:	
Date Eligible:			
Specific Deductible:	210,000.00	Split-Funding Deductible:	100,000.00
Submission #:	3	COBRA Effective Date:	
		COBRA Term Date:	

Provider	Svc From	Svc To	Admin Paid	Adjustments	Allowable	Reimb %	Reimbursable
Pended Charge – Other: Eligibility for this (02/2016) was not provided			1,440.10	-1,440.10			
CornerStone Medical Center	01/01/2016	01/01/2016	350,700.00	-	350,700.00	100.00	350,700.00
Reliable Medical Group	01/01/2016	01/01/2016	75,000.00	-	50,000.00	100.00	50,000.00
Total Allowable:							400,700.00
Excess of Reimbursement Limit:							-
Less Specific Deductible:							210,000.00
Named Additional Liability:							-
Applied to Split Funded Deductible:							100,000.00
Less Previous Reimbursements:							-
Less Overpayment Applied:							-
Reimbursement Amount:							90,700.00

Comment: If you believe all or part of this claim has been wrongfully denied, you have 180 days from receipt of this notice to file a written appeal. You may send your correspondence with the supporting documents via email to StopLossClaims@Ullico.com, or by mail to: Stop Loss Claims Department, Appeals, The Union Labor Life Insurance Company, 8403 Colesville Road, Silver Spring, MD 20910.

For California:

You may also have the matter reviewed by the California Department of Insurance. They may be reached at: California Department of Insurance, Consumer Services Division, Claims Service Bureau, 300 South Spring Street, Los Angeles, CA 90013, or Toll Free: 1-800-927-HELP (4357).

TPA Administration Company.
123456 First Avenue, Ste. A-700
City of Wonders, ST 12345

Check No: 0000123456789
Check Date: 03/01/2016