

**Amalgamated Life Insurance Company**  
**Underwriting Department, 333 Westchester Avenue, White Plains, New York 10604**

**Specific Excess Loss Proof of Loss Claim Form**

Today's Date \_\_\_\_\_ Submitted to: \_\_\_\_\_

Type of Notification:  Claim for Reimbursement  50% Threshold  Diagnostic Trigger

Group Name \_\_\_\_\_ Policy Period \_\_\_\_\_ Policy# \_\_\_\_\_

Submitted by: \_\_\_\_\_ Title \_\_\_\_\_

Organization (if different) \_\_\_\_\_ Relation to Group \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

=====

Employee Name \_\_\_\_\_ DOH \_\_\_\_\_ Term Date (if any) \_\_\_\_\_

Patient Name \_\_\_\_\_ Patient Relation to Employee \_\_\_\_\_ DOB \_\_\_\_\_

Employee and Patient Status (Active, Retired, Disabled, COBRA): EE \_\_\_\_\_ PAT \_\_\_\_\_

Employee SSN \_\_\_\_\_ Patient SSN (write none if none) \_\_\_\_\_

If Employee, last date the Employee worked FT: \_\_\_\_\_ Date returned to FT work: \_\_\_\_\_

If Spouse, spouse works? \_\_\_\_\_ Place and Phone \_\_\_\_\_

Accident? \_\_\_\_\_ If so, is subrogation a possibility? \_\_\_\_\_ Accident Report? \_\_\_\_\_

Patient Diagnosis Code(s) \_\_\_\_\_ Prognosis \_\_\_\_\_

Patient Onset Date \_\_\_\_\_ Date & Method Notice of Patient Received \_\_\_\_\_

Treatment(s) \_\_\_\_\_

\_\_\_\_\_

Check and attach:  any and all pre-admission certs  case management reports  
 other reports \_\_\_\_\_  other \_\_\_\_\_

Is care in-network? Discuss \_\_\_\_\_

Physician Name and Phone Number \_\_\_\_\_

Hospital Name and Date of Admission (specify if other) \_\_\_\_\_

Specific Deductible \_\_\_\_\_ Amount Paid \_\_\_\_\_ Last Payment Date \_\_\_\_\_

Amount of Recoveries Received \_\_\_\_\_ Requested Amount \_\_\_\_\_ Estimate of Total Amount \_\_\_\_\_

Continued on Next Page

With this form we have submitted the following checked required reports in hard or electronic copy:  
(additional information than that shown below can be submitted to accommodate your current format)

- Claim information including employee's ID, patient's ID, relation to employee, date of service, date received, date of payment, amount paid, procedure code, diagnosis code(s) and check number. Claims pending but unpaid should also be submitted. If not on the system, then a manual accounting should be taken.
- Copy of both employee and patient (if different) enrollment cards or other proof of enrollment.
- Copy of Plan Document

For office use: Received by \_\_\_\_\_ Date \_\_\_\_\_

SPECIMEN