



Tokio Marine HCC - Stop Loss Group
225 TownPark Drive, Suite 350, Kennesaw, GA 30144 USA
Tel: 800-447-0460

Preliminary Claim Unit Repricing
Cost Containment Referral Form

Date: _____

Group Name: _____ Policy Effective Date: _____ Contract Type: _____

Group's Specific Deductible \$ _____ Has the deductible been satisfied? Y N

Employee Name: _____ Social Security Number: _____ - _____ - _____

Claimant Name: _____ Date of Birth: _____

Claimant Effective Date _____ Claims Paid to date for this policy year \$ _____

Quick pay turnaround Okay/Limits if any _____

Previous re-pricing attempt? _____

Reason for repricing: Minimal PPO Discount Out of Network Questionable charges Other

Comments: _____

From: _____ (____) _____ x _____ (____) _____
Contact Name Phone No. Fax No.

Third Party Administrators Name: _____

Street Address City State Zip Code

Please submit when claimant has reached or is above 75% of the Specific Deductible.

The Plan Administrator is obligated to adjudicate Plan claims subject to the applicable terms, conditions of the Plan Document, including but not limited to, member co-payments, deductibles, exclusions and other limitations. Consideration of reimbursement under the Stop Loss policy is subject eligibility, contract terms and disclosure.

Please email completed referral form to: Repricing Coordinator at
StopLossPCU@tmhcc.com

Please attach UB-04 and/or CMS 1500 form for prompt response

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