

- Early Notice
- 50% Notice

IOA Re, Inc.

## Notice of Potential Large Claim/ 50% Notification

Use this form to **REPORT** any potentially catastrophic or chronic case, or to **REPORT** paid claims in excess of 50% of the deductible. Please check the appropriate box found in the top left-hand corner of this box.

Date: \_\_\_\_\_ TPA: \_\_\_\_\_ Employer/ Group: \_\_\_\_\_

Deductible: \_\_\_\_\_ Claims Basis: \_\_\_\_\_ Policy Period: \_\_\_\_\_

Claims PTD for this policy year: \_\_\_\_\_ Claims Pending: \_\_\_\_\_ Projected Claims: \_\_\_\_\_ COB?  Y  N  
 WC  Auto  Subro  
 Deductible: \_\_\_\_\_

Employee/Insured's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Claimant/Member's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Self  Spouse  Dependent  Member #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / State: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary/Secondary Diagnosis: \_\_\_\_\_ ICD 9's: \_\_\_\_\_

Date Of Onset: \_\_\_\_\_ Date Dialysis Began: \_\_\_\_\_ Accident Y  N  Attorney: \_\_\_\_\_

Hospitalized In Net  Out of Network  Date(s) Admit/Discharge) \_\_\_\_\_ Est. LOS: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

All Hospitalizations for this Event/Policy year (Inc. DOS and if IN/OON)

PCP: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

PPO: YES  NO  If OON, has care been negotiated? (Y/N) Specific Arrangements: \_\_\_\_\_

Provider info: Negotiated Rate \_\_\_\_\_ Transplant Network \_\_\_\_\_ Case Rate: \_\_\_\_\_ % off Charges

Is UR Involved? (Y/N) \_\_\_\_\_ If so, Contact Name \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Is CM Involved? (Y/N) \_\_\_\_\_ If so, Contact Name \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Review of Current Event (including proposed treatment plan-may send UR notes):

Discharge Needs: SNF  LTAC  HHC  Therapy  Hospice  Infusion /Nutrition

Treatment Days OP: \_\_\_ IP: \_\_\_ G PRO Good  Fair  Poor  Terminal  Expired  Unknown

Specific Request for Assistance from Professional Resource Network: \_\_\_\_\_

CM Support  Transplant Services  Pre-Neonatal Care  Ed/Research  Negotiation Assist

Please call me to discuss how the Professional Resource Network can help out on this complex case.

Prepared By: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E Mail: \_\_\_\_\_

**Please submit 50% Notice & Early Notice to: Professional Resource Network of IOA Re Attn: Iantha Dukes**

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