

300 N. Meridian Street, Suite 1710
Indianapolis, Indiana 46204 1
-877-884-6475 • 463-203-5151 Fax
certusclaims@certusmg.com • www.certusmg.com

MONTHLY AGGREGATE ACCOMMODATION REPORTING FORM

Name of Group _____

Contract Year _____

(1)	(2)			(3)	(4)	(5)	(6)	(7)	
Month & Year	Employee	Employee + Spouse	Employee + Child	Family	Claims Paid Monthly	Claims Paid Year-to-Date	Claims Paid Outside Loss Fund (Monthly)	Total Specific Claims Paid Over Retention	Refunds Recoveries (Coordination of Benefits – Subrogation) Returned or Voided Checks
Total:									

Administrator _____ Prepared By _____ Date _____

Email Address: _____ Phone Number: _____

MONTHLY AGGREGATE ACCOMMODATION CALCULATION

Group Name: _____

Effective Date: _____

TRUE ATTACHMENT CALCULATION (Year to Date)

Employee _____ x _____ = \$ _____
Factor

Employee + Spouse _____ x _____ = \$ _____
Factor

Employee + Child _____ x _____ = \$ _____
Factor

Family _____ x _____ = \$ _____
Factor

TRUE ATTACHMENT CALCULATION: = \$ _____

MINIMUM ATTACHMENT CALCULATION (Inception Counts)

Employee _____ x _____ x _____ = \$ _____
Inception Factor # Months Filed

Employee + Spouse _____ x _____ x _____ = \$ _____
Inception Factor # Months Filed

Employee + Child _____ x _____ x _____ = \$ _____
Inception Factor # Months Filed

Family _____ x _____ x _____ = \$ _____
Inception Factor # Months Filed

MINIMUM ATTACHMENT CALCULATION: = \$ _____

ACCOMMODATION CALCULATION

Total Claims Paid Year to Date (Should equal the total of Column 4) _____

Less Claims Paid Outside Loss Fund (Should equal total of Column 5) _____

Less Specific Claims (Should equal total of Column 6) _____

Less Refunds, Recoveries, Return or Voided Checks (Should equal total of Column 7) _____

Less the **Minimum** or **Calculated** Attachment Point, whichever is greater _____

Less Previous Accommodation Payments _____

Accommodation Payment Requested _____

Note

The following information is required to properly process this claim. Please submit an annual paid claims report listing.

1. Name of Employee
2. Name of Claimant
3. Incurred Date
4. Type of Service
5. Amount of Charge
6. Amount Paid
7. Eligibility Report

Outstanding Accommodations are immediately due and to be repaid within 10 days of notice by the Company to the Employer of the amount to service as final repayment under this Agreement. Past due repayments are subject to a 2% penalty.

Note

1. Aggregate Accommodation Reporting form must be received by the 15th of the month following the month the attachment was exceeded.
2. All Accommodation Reporting forms must be accompanied by year to date paid claims analysis report.
3. Outstanding Accommodations are immediately due and to be repaid within 10 days of notice by the Company to the Employer of the amount to serve as final repayment under this Agreement. Past due repayments are subject to a 2% penalty.