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Indianapolis, IN 46204
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Prompt Pay Discount
Case Management Involved
Advanced Funding

Request for Reimbursement

Group Name: _____
Contract Basis: _____
Employee Name: _____
Date Employed: _____
Full Time: Yes No
Cobra: Yes No

Effective Date: _____
Specific Deductible: _____
Effective Date: _____
Actively at Work: Yes No
Termination Date: _____

If employee is not actively at work, Certus will require documentation as to how coverage is being extended.

Claimant Name: _____ Effective Date: _____ DOB: _____
Diagnosis: _____ Prognosis: _____
LCM: Yes No LCM Vendor: _____

If claimant is being followed by large case management (LCM), please provide copies of reports.

Total Paid Claims _____
Less Retention _____
Less Corridor Remaining _____
Less Previous Reimbursements _____
Amount Requested _____

Claims Request cannot be processed without the Enrollment Card and the following:

- Copy of all:
 - Bills
 - Explanation of Benefits
 - Check Reports
 - Deductible & Out of Pocket Proof
 - COBRA Election Form + Proof of Payment
 - R & C Calculations
 - Medicare Election Form
 - Pre-certification Forms

- Investigation Materials for:
 - Coordination of Benefits
 - Physicians Statements
 - Workers Compensation
 - Subrogation
 - Large Case Management Reports
 - Hospital Audits
 - Divorce Decrees or Court Orders
 - Cost Containment/Repricing

TPA Name: _____
Prepared By: _____
Phone Number: _____

Date: _____
Email: _____