



AN HM INSURANCE  
GROUP PROGRAM

# REINSURANCE CLAIM FORM

Forward to:  
RBS Re  
7301 SW 57<sup>th</sup> Court, Suite 450  
South Miami, Florida 33143  
Attn: Claims Department.  
(305) 262-2662  
(305) 262-9909 fax

Initial Request for Reimbursement

Subsequent Request for Reimbursement

Reins. Agreement #: \_\_\_\_\_ Agreement Year: \_\_\_\_\_ through \_\_\_\_\_

Company: \_\_\_\_\_

Covered Person: \_\_\_\_\_

Claimant: \_\_\_\_\_ Sex: ( ) M ( ) F Date of Birth: \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_ Plan Type: ( ) HMO ( ) PPO ( ) POS ( ) Medicare ( ) Medicaid ( ) Other

Relationship of Claimant to Covered Person: \_\_\_\_\_

Diagnosis/Code: \_\_\_\_\_ Claimant Effective Date: \_\_\_\_\_

| Health Care Provider                | Contracted Facility | Billed Charges | Amount Paid | RBS Eligible Amt |
|-------------------------------------|---------------------|----------------|-------------|------------------|
| _____                               | ( ) Yes ( ) No      | \$ _____       | \$ _____    | \$ _____         |
| _____                               | ( ) Yes ( ) No      | \$ _____       | \$ _____    | \$ _____         |
| _____                               | ( ) Yes ( ) No      | \$ _____       | \$ _____    | \$ _____         |
| _____                               | ( ) Yes ( ) No      | \$ _____       | \$ _____    | \$ _____         |
| Total Claim                         |                     |                |             | \$ _____         |
| Company Retention                   |                     |                |             | \$ _____         |
| Subtotal                            |                     |                |             | \$ _____         |
| Reimbursement Percentage            |                     |                |             | _____ %          |
| Total Reimbursement being Requested |                     |                |             | \$ _____         |

COB: ( ) Yes ( ) No If Yes, please indicate name of other Carrier: \_\_\_\_\_

Accident: ( ) Yes ( ) No If Yes, please indicate How, Where and When accident occurred: \_\_\_\_\_

Subrogation/Right of Recovery: ( ) Yes ( ) No If Yes, please provide us with a copy of the signed subrogation letter.

Comments: \_\_\_\_\_

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

Address: \_\_\_\_\_ Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_

The following items are required before reimbursement request can be processed:  
Eligibility-Copy of the original enrollment application with initial claim submission  
UB - 92 Hospital Bill Summary  
Copy of Physician, drug and DME bills (if applicable)  
Proof of Claim Payment (explanation of benefits or worksheet)

## FRAUD NOTICE

Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.

**-continued-**

For your protection **Arizona** law requires the following statement to appear on this form: "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal or civil penalties." Any person who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In **Arkansas**, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For your protection, **California** requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

In the **District of Columbia**, WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

In **Florida**, any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

In **Kentucky**, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Any application for insurance in writing by the applicant shall be altered solely by the applicant or by his written consent except that insertions may be made by the insurer for administrative purposes only in such manner as to indicate clearly that such insertions are not to be ascribed to the applicant.

In **Maryland**, any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In **New Jersey**, any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties.

In **New York**: Fraud Warning - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact materials thereto commits a fraudulent insurance act, which is a crime, and subjects such person to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

In **Oklahoma**, WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

In **Oregon**, any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties if intentional and material to the risk.

In **Pennsylvania**, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In **Rhode Island**, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

We certify that the above information is correct and that the claims have been paid in accordance with the plan.