



Mail to : **RBS Re**
 160 State Street, 7th Floor
 Boston, MA 02109
 Attn: Medical Management Dept.
 (617) 742-1800 ext 224
 Fax to: (617) 742-3480 fax
 Email to: MedicalManagement@RBSRe.com

NOTIFICATION OF POTENTIAL REINSURANCE CLAIM

Please use this form to notify RBS of potential claims >75% retention (deductible), inpatient stays > 30 days, neonates, transplants through direct arrangement.

Company Name : _____ Retention\$: _____ Agreement #: _____ Effective Date: _____
 Plan Type : Commercial _____ Medicare _____ Medicaid _____ Other: _____
 Claimant (Patient) : _____ D.O.B.: _____ SSN : _____
 Covered Person (Insured) : _____ Relationship: _____ Sex: _____
 Admitted : _____ Discharged: _____ Facility : _____ NET or OON : _____ TAX ID: _____
 Admitted : _____ Discharged: _____ Facility : _____ NET or OON : _____ TAX ID: _____
 Admitted : _____ Discharged: _____ Facility : _____ NET or OON : _____ TAX ID: _____
 Discharged to : _____ Other : _____ Expired : _____ Date Expired : _____
 Diagnosis(es): _____ ICD-9: _____
 Clinical Status/Information : _____

NEONATAL

(Sick full term babies on vent, preemies 32 wks gestation or earlier, complex congenital anomalies, <1500 gms with Failure to Thrive, etc)

Date of Birth: _____ A: Sex: _____ Birth Weight: _____ Apgars: _____
 Gestational Age: _____ B: Sex: _____ Birth Weight: _____ Apgars: _____
 Facility at Birth: _____ C: Sex: _____ Birth Weight: _____ Apgars: _____
 NICU Facility: _____ City/State: _____ NET or OON : _____

ORGAN TRANSPLANT

Medical Center: _____ Transplant Type: _____
 Has Network Been Notified ? _____ If Yes, which network ? _____ Client's Direct? _____
 Evaluation : _____ Transplant Performed? _____

Estimated Total Length of Stay : (REQUIRED) _____ Prognosis (REQUIRED) : _____
 Negotiated Arrangements : Fixed Fee/ % : \$ _____ Negotiated SNF rate: \$ _____
 Estimated Total Payment (for the plan year, past, present and future) : (REQUIRED) \$ _____
 COB: _____ Has Subrogation been secured? _____ (If Yes please provide copy of the signed subrogation)
 Accident: _____ If Yes, state How, Where and When occurred : _____

RBS NAVIGATOR PROGRAM (Please check [x] any programs of interest. A RBS representative will contact you)

Claims Repricing/ Bill Negotiations _____ Hospital Bill Audit _____ Pharmaceutical Network _____
 Catastrophic/Hi Risk Obstetrical Case Management _____ Neonatal Case Management _____ Organ Transplants _____

Submitted by: _____ Title: _____ Date: _____
 Address: _____ Tel #: _____ Fax #: _____
 Case Manager : _____ Tel # : _____ Fax # : _____

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.

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

In **Maryland**, any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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.