

TRANSITIONAL REPORTING FORM

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

Name of Group	
•	

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

Certus Management Group

TRANSITIONAL CALCULATION

TRUE ATTACHMENT CA	ALCULATION (Year to [<u>Date)</u>	<u>Note</u>			
Employee + Spouse _	X Factor X	= \$ = \$		The following information is required to properly process this claim. Please submit a paid claims report listing.		
Employee + Child Family _	Factor X Factor X Factor	= \$ = \$		 Name of Employee Name of Claimant Incurred Date Type of Service Amount of Charge Amount Paid 	 Date Paid Check Number RX detail Report Check Registers Outside Loss Fund Report Eligibility Report 	
MINIMUM ATTACHMEN	Γ (from schedule of ben	<u>lefits)</u> = \$			13. Claims Funding Report	
				Bill copy for any charges over \$25,000.		
				We may request at our discretion any other additional information that we deem necessareview a claim.		
				Outstanding Transitional payments are immediately due and to be repaid within days of notice by the Company to the Employer. Past due repayments are sub a 2% penalty.		
AGGREGATE CALCULA	TION			a 270 perianty.		
Total Claims Paid Year to	Date (Should equal th	e total of Column 4)				
Less Claims Paid Outside	Loss Fund (Should eq	ual total of Column 5)	·			
Less Refunds, Recoverie	s, Return or Voided Ch	ecks (Should equal total of Column 6)				
Less the Minimum or Tru	ie Attachment Point, wh	nichever is greater				
Less Previous Transitiona	al Payments					
Reimbursement Requesto	ed / Transitional Re-pay	ment Due				