701 White Horse Road | Suite 3 | Voorhees, NJ 08043
P: 856.346.1300 | F: 856.346.3200
www.dhrmanagement.com

AGGREGATE REIMBURSEMENT REQUEST

Group Name:	Policy Period:	Policy Number:
Plan Address (street, city, state, zip):		TPA Name:
Coverages: ☐ Medical ☐ Dental ☐ Rx Card ☐ Other _____	Plan Type: ☐ 12/12 ☐ 12/18 ☐ 15/12 ☐ Paid ☐ 12/15 ☐ 12/24 ☐ 24/12 ☐ Other _____	Minimum Attachment Point Per Policy:

AGGREGATE ATTACHMENT POINT CALCULATION		
Total Single Units X Factor $	$	
Total Family Units X Factor $	$	
Calculated Attachment Point	$	(a)
Minimum Attachment Point Per Policy	$	(b)

AGGREGATE CLAIM CALCULATION		
A	Total Paid Claims	$
B	Claims In Excess of the Loss Limit	$
C	Less Extra-Contractual Claims	$
D	Less Refunds, Void, Recoveries	$
E	Net Paid Claims	$
F	Attachment Point (Either the Calculated Attachment Point or the Minimum Attachment Point, whichever is greater)	$
G	Requested Reimbursement (E –F)	$

SPECIFIC CLAIMANT	AMOUNT OVER SPECIFIC
	$
	$
	$
	$

Submitted by:	Date:
TPA Name:	
TPA Address (street, city, state, zip):	
TPA Telehone:	
TPA Fax:	
TPA Email:	

Please fax or email this completed document to:
DHR Management, LLCM
Jennifer Warren, Claims Manager
Email: Jennifer@DHRManagement.com
www.dhrmanagement.com

AGGREGATE CLAIM REPORTING REQUIREMENTS
Your reimbursement request should include the following information:

1. Final aggregate report for the contract period.
2. Detailed Census Report showing effective date, termination date and coverage type for all employees from the beginning of the contract period thru one month after the contract period end date. This report should contain all additions, terminations and changes. Please supply other coverage verification for all dependents.
3. COBRA Participants Report listing all COBRA participants covered during the contact year, including copies of COBRA election forms, dates of coverage and proof of payment of premiums for all persons who elected COBRA.
4. Detailed Paid Claim Report listing employee name, patient/claimant name, incurred date, paid date, procedure code, provider of service, amount paid, check number, payee name and diagnosis code for all claims declared under the Aggregate contact.
5. Detailed Prescription Drug Paid Claim Report listing all prescription drug claims paid during the contract period that are claimed under the Aggregate contact, if Rx program is administered by a Pharmacy Benefit Management Program (PBM).
6. Monthly Prescription Drug invoices for all prescription drug claims paid during the contract period that are claimed under the Aggregate contact, if Rx program is administered by a Pharmacy Benefit Management program (PBM).
7. Check Register listing all checks issued during the contract paid period which are claimed under the Aggregate contract.
8. Benefit Code Analysis Report for all claims paid during the contract paid period which are claimed under the Aggregate contract.
9. Refund, Voids and Outstanding Adjustment Reports for all claim activity during the contract period which are claimed under the Aggregate contact.
10. Extra-Contractual Expense Report detailing all non-contractual payments/pay by exceptions that were made during the policy period with a comprehensive explanation of the payment.
11. Report listing all claimants with paid claims in excess of 50% of the specific deductible during the contract period.
12. Copies of third party liability inquires for all accident claims paid during the contract period. This documentation must also contain subrogation information for all applicable claims, including copies of signed Subrogation Agreements, the name and address of the agency engaged to pursue recovery, if applicable and any other relevant documentation regarding the recovery status of the claim.
13. Proof of funding, including Bank statements or funding reports that substantiate the group has funded all claims. Funding documentation should show adequate funding from one month before the contract paid period thru one month after the end of the contract paid period.
14. Turnaround time reports by month showing all claims processed during the contract year.