



Notice filed based on Diagnosis

Notice filed as 50% of the Specific Deductible

Group Name: _____

Covered Person

Claimant

Name: _____
Gender/Relation: _____
DOB: _____
Effective Date: _____
Termination Date: _____
COBRA Effective: _____

EXCESS LOSS SECTION

Carrier: _____ Contract Year: _____
Specific Deductible: \$ _____ Current Contract Basis: _____

CLAIM INFORMATION

Case Mgmt Co: _____ Contact: _____ Phone: _____
PPO(s): _____

Diagnosis (use ICD-10 or Description): _____
Status (if known): _____
Prognosis (if known): _____
Comments: _____

PAYMENT INFORMATION (if known)

Charges RECEIVED to Date: \$ _____ Charges PAID to Date: \$ _____
Charges UNPROCESSED to Date: \$ _____

Completed by (sign): _____ Date: _____
Administrator/Broker Name: _____ Phone: _____

**** THIS NOTIFICATION DOES NOT CONSTITUTE A CLAIM FILING ****
Please submit this form to:

Via Mail

**Creative Risk Underwriters, LLC
1343 Canton Road, Suite B-1
Marietta, GA 30066**

Via Mail

Please email to notices@creativeuw.com