

**Claim Reporting Form  
Managed Care Specific Excess Loss Reinsurance Agreement**

Claim Reimbursement Request: \_\_\_\_\_

Covered Entity: \_\_\_\_\_ Claim ~Basis: \_\_\_\_\_

Agreement #: \_\_\_\_\_ Effective Date: \_\_\_\_\_ to \_\_\_\_\_

Population Type: \_\_\_\_\_

Name of Covered Person: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last Name, First Name)

Covered Person Unique ID #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Current Status: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Claim is Due to: \_\_\_\_\_ Work Related Claim: \_\_\_\_\_

Automobile Accident: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Third Party Subrogation Applies: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Will Medical Expenses be Paid by:

Auto Insurance: \_\_\_\_\_ Workers Compensation: \_\_\_\_\_ Other (COB etc.): \_\_\_\_\_

Medicare: \_\_\_\_\_ Reason for Medicare Eligibility: \_\_\_\_\_ Medicare Effective: \_\_\_\_\_

Prognosis: \_\_\_\_\_  
(please include expected treatment)

Amount Reported This Claim: \_\_\_\_\_ Expenses Incurred Thru Date: \_\_\_\_\_

Less Specific Deductible: \_\_\_\_\_ Expenses Paid Thru Date: \_\_\_\_\_

Coinsurance Percentage: \_\_\_\_\_ Estimated Additional Costs: \_\_\_\_\_

REIMBURSEMENT REQUEST: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Direct inquiries to: PartnerRe America Insurance Company, Attn: Claims Department, 6900 Wedgwood Road North, Maple Grove, MN 55311  
1 612 234 4920 [claimshealth@partnerre.com](mailto:claimshealth@partnerre.com)

These forms contain personal and Protected Health Information under HIPAA and may be transmitted only in a HIPAA compliant medium. **DO NOT SEND VIA AN UNSECURED E-MAIL TRANSMISSION.**

**INSURANCE FRAUD WARNING:** Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading, is guilty of insurance fraud and is subject to criminal and/or civil penalties as defined by your state statutes.