Tokio Marine HCC – A&H Group
225 TownPark Drive, Suite 350
Kennesaw, GA 30144 USA
Tel: 800-447-0460

Preliminary Claim Unit Repricing
Cost Containment Referral Form

Date: _____

Group Name: _____ Policy Effective Date: _____ Contract Type: _____

Group's Specific Deductible $_____Has the deductible been satisfied? Y ☐ N☐

Employee Name:_____ Social Security Number ---------- _____

Claimant Name:_____ Date of Birth: _____

Claimant Effective Date_____Claims Paid to date for this policy year $_____

Quick pay turnaround ☐Okay/Limits if any _____

Previous re-pricing attempt?_____

Reason for repricing: Minimal PPO Discount ☐ Out of Network ☐ Questionable charges ☐ Other ☐

Comments: _____

_____

_____

From: _____ (___)_____x____ (___)_____
Contact Name Phone No. Fax No.

Third Party Administrators Name: _____

_____
Street Address City State Zip Code

Please submit when claimant has reached or is above 75% of the Specific Deductible.

The Plan Administrator is obligated to adjudicate Plan claims subject to the applicable terms, conditions of the Plan Document, including but not limited to, member co-payments, deductibles, exclusions and other limitations. Consideration of reimbursement under the Stop Loss policy is subject eligibility, contract terms and disclosure.

Please email completed referral form to: Repricing Coordinator at StopLossPCU@tmhcc.com
Please attach UB-04 and/or CMS 1500 form for prompt response