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### TRANSITIONAL REPORTING FORM

Name of Group \_\_\_\_\_

Contract Year \_\_\_\_\_

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

Administrator \_\_\_\_\_ Prepared By \_\_\_\_\_ Date \_\_\_\_\_

**TRANSITIONAL CALCULATION**

TRUE ATTACHMENT CALCULATION (Year to Date)

Employee \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
Factor

Employee + Spouse \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
Factor

Employee + Child \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
Factor

Family \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
Factor

MINIMUM ATTACHMENT (from schedule of benefits) = \$ \_\_\_\_\_

Note

The following information is required to properly process this claim. Please submit a paid claims report listing.

- |                     |                              |
|---------------------|------------------------------|
| 1. Name of Employee | 7. Date Paid                 |
| 2. Name of Claimant | 8. Check Number              |
| 3. Incurred Date    | 9. RX detail Report          |
| 4. Type of Service  | 10. Check Registers          |
| 5. Amount of Charge | 11. Outside Loss Fund Report |
| 6. Amount Paid      | 12. Eligibility Report       |
|                     | 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 necessary to review a claim.

Outstanding Transitional payments are immediately due and to be repaid within 10 days of notice by the Company to the Employer. Past due repayments are subject to a 2% penalty.

**AGGREGATE CALCULATION**

Total Claims Paid Year to Date (Should equal the total of Column 4) \_\_\_\_\_

Less Claims Paid Outside Loss Fund (Should equal total of Column 5) \_\_\_\_\_

Less Refunds, Recoveries, Return or Voided Checks (Should equal total of Column 6) \_\_\_\_\_

Less the **Minimum** or **True** Attachment Point, whichever is greater \_\_\_\_\_

Less Previous Transitional Payments \_\_\_\_\_

Reimbursement Requested / Transitional Re-payment Due \_\_\_\_\_