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TRANSITIONAL ACCOMMODATION 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
Total:								

Administrator _____ Prepared By _____ Date _____



TRANSITIONAL ACCOMMODATION CALCULATION

TRUE ATTACHMENT CALCULATION (Year to Date)

Employee	_____	x	_____		= \$	_____
			Factor			
Employee + Spouse	_____	x	_____		= \$	_____
			Factor			
Employee + Child	_____	x	_____		= \$	_____
			Factor			
Family	_____	x	_____		= \$	_____
			Factor			

Note

1. All Accommodation Reporting forms must be accompanied by year to date paid claims analysis report.
2. Outstanding Accommodations are immediately due and to be repaid within 10 days of notice by the Company to the Employer of the amount to serve as final repayment under this Agreement. Past due repayments are subject to a 2% penalty

MINIMUM ATTACHMENT CALCULATION (Inception Counts)

Employee	_____	x	_____	x	_____		= \$	_____
	Inception		Factor		# Months Filed			
Employee + Spouse	_____	x	_____	x	_____		= \$	_____
	Inception		Factor		# Months Filed			
Employee + Child	_____	x	_____	x	_____		= \$	_____
	Inception		Factor		# Months Filed			
Family	_____	x	_____	x	_____		= \$	_____
	Inception		Factor		# Months Filed			

ACCOMMODATION 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 Accommodation Payments	_____
Accommodation Payment Requested	_____