



Mail to: P.O. Box 535061  
 Pittsburgh, PA 15253-5061  
 Or email to: HMSpecialtyClaims@hmic.com  
 Phone: 800-328-5433

## HM SPECIALTY CLAIM FORM

Type of Claim:  Initial Request for Reimbursement  Subsequent Request for Reimbursement

GENERAL INFORMATION				
Reinsurance Agreement #:			Agreement Year: through	
Company:		Covered Person:		
Claimant:			D.O.B.: ____/____/____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Covered Person (Insured):		Relationship:		
Plan Type: <input type="checkbox"/> PPO <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> POS <input type="checkbox"/> HMO <input type="checkbox"/> CHIP <input type="checkbox"/> Medical Excess <input type="checkbox"/> Accident <input type="checkbox"/> Other: _____				Claimant Effective Date:
Diagnosis(es):		ICD Code (Listed on Page 3):		

CLAIM INFORMATION				
Health Care Provider	Contracted Facility	Billed Charges	Amount Paid	Eligible Amount
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Total Claim: \$		Company Retention: \$		
<b>Total Reimbursement Being Requested:</b> \$				

ADDITIONAL INFORMATION	
COB:	If Yes, Please Indicate the Name of the Other Carrier:
Accident:	If Yes, Please Indicate How, Where and When the Accident Occurred:
Subrogation/Right to Recovery:  If Yes, Please provide a Copy of the Signed Subrogation Letter.	Comments:

SUBMISSION INFORMATION	
Submitted By:	Today's Date: ____/____/____
Title:	Tel #:
Address:	

## HM SPECIALTY CLAIM FORM

### The following items are required before reimbursement request can be processed:

- Eligibility - Copy of the original enrollment application with initial claim submission
- UB - 92 Hospital Bill Summary
- Copy of Physician, drug and DME bills (if applicable)
- Proof of Claim Payment (explanation of benefits or worksheet)

### FRAUD NOTICE

Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.

In **Alabama**, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

In **Arkansas**, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For your protection, **California** requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

In the **District of Columbia**, WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

In **Florida**, any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

In **Kentucky**, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Any application for insurance in writing by the applicant shall be altered solely by the applicant or by his written consent; except that insertions may be made by the insurer for administrative purposes only in such manner as to indicate clearly that such insertions are not to be ascribed to the applicant.

In **Louisiana**, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In **Maryland**, any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In **New Jersey**, any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties.

In **Ohio**, any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

In **Oklahoma**, WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

In **Oregon**, any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties if intentional and material to the risk.

In **Pennsylvania**, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In **Rhode Island**, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In **Washington**, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

We certify that the above information is correct and that the claims have been paid in accordance with the plan.

**EXAMPLES OF POTENTIALLY CATASTROPHIC DIAGNOSIS**

The following **Diagnosis List** provides *examples* of some diagnoses that could potentially result in a shock claim. Shock Losses are injuries, illnesses, diseases, or diagnoses that are reasonably likely to result in a significant medical expense claim or disability.

**ICD-10 Diagnosis List**

<b>A00–B99</b> B17.1–B17.11	<b>Infectious Disease</b> Hepatitis C	<b>J00–J99</b> J96.00–J96.92	<b>Disease of Respiratory System</b> Respiratory Failure
<b>C00–D49</b> C00–C14 C15–C26 C30–C39 C43–C44 C50–C50 C51–C68 C69–C72 C81–C96 D46.9	<b>Neoplasms</b> Malignancies of Oral Cavity and Pharynx Malignant Neoplasm of Digestive Organs Malignant Neoplasm of Respiratory Organs Melanoma Breast Malignancies Genitourinary Malignancies Malignancies of the Nervous System Leukemias, Lymphomas and Myelomas Myelodysplastic Syndrome	<b>K00–K95</b> K70.0–K74.69 K72.00–K72.91	<b>Diseases of the Digestive System</b> Chronic Liver Disease Liver Failure
<b>D50–D89</b> D57.1 D59 D61.01 D66 D81.0 D82.1 D83.1 D84.1	<b>Hematologic/Immunologic Disorders</b> Sickle Cell Anemia Hemolytic-Uremic Syndrome Aplastic Anemia Hemophilia/Hereditary Factor VIII Deficiency Severe Combined Immune Deficiency (SCID) DiGeorge Syndrome Immune Deficiency T Cells (AIDS) Alpha 1-Antitrypsin	<b>N00–N99</b> N18.1–N18.9	<b>Disease of Genitourinary System</b> Chronic Renal Failure
<b>E70–E88</b> E74.02 E75.22 E84.0	<b>Metabolic Disorders</b> Pompe Disease Gaucher's Disease Multiple Sclerosis	<b>O00–O9A</b> O30.10–O30.109 O30.20–O30.209 O60.00–O60.14	<b>Pregnancy, Childbirth &amp; Puerperium</b> Triplet Pregnancy Quadruplet Pregnancy Preterm Labor
<b>G00–G99</b> G12.9 G12.21 G.47 G61.0 G91.1	<b>Diseases of the Nervous System</b> Spinal Muscular Atrophy Lou Gehrig's Disease (ALS) Narcolepsy Guillain-Barre Syndrome Obstructive Hydrocephalus	<b>P00–P96</b> P07.00–P07.36 P22.0	<b>Perinatal Conditions</b> Preterm Infant Respiratory Distress Syndrome of Newborn
<b>I00–I99</b> I27.0 I42.0–I42.9 I46.9 I60.9	<b>Diseases of Circulatory System</b> Primary Pulmonary Hypertension Cardiomyopathy Cardiac Arrest Subarachnoid Hemorrhage	<b>Q00–Q99</b> Q20–Q28 Q23.4 Q39.0–Q39.4 Q89.7	<b>Congenital Malformations</b> Congenital Heart Diseases Hypoplastic Left Heart Syndrome Tracheoesophageal Fistula Multiple Anomalies
		<b>S00–T88</b> S06.0–S06.9 S12–S14 S88 T07 T20–T32 T79 T86.00–T86.02 T86.00–T86.09 T86.90–T86.92 T86.90–T86.99	<b>Injury, Poisoning and Trauma</b> Brain Injuries Spinal Cord Injuries Amputations Multiple Trauma Injuries Burns Early Complications of Trauma Graft vs. Host Disease Graft vs. Host Disease Complications of Transplants Complications of Transplants

**ICD-9 Diagnosis List**

**001–199**

**Infectious and Neoplasms**  
 070 Hepatitis C  
 141–148 Malignancies of Oral Cavity and Pharynx  
 150-172 Gastrointestinal and Respiratory Cancers, Melanoma  
 174–189 Breast and Genitourinary Malignancies  
 191–199 Nervous System and Unspecified Malignancies

**200–299**

**Hematologic Disorders**  
 200–208 Leukemias, Lymphomas, Myelomas  
 272.7 Gaucher’s Disease  
 277.0 Cystic Fibrosis  
 277.6 Alpha 1-Antitrypsin  
 279.10 Immune Deficiency T-Cell (AIDS)  
 279.11 DiGeorge Syndrome  
 279.2 Severe Combined Immune Deficiency (SCID)  
 282.6 Sickle Cell Anemia  
 284 Aplastic Anemia  
 286.0 Hemophilia

**300–399**

**Neurological Disorders**  
 331.4 Obstructive Hydrocephalus  
 335.20 Lou Gehrig’s Disease (ALS)  
 357.0 Guillain-Barre Syndrome

**400–499**

**Cardiac, Pulmonary Vascular**  
 416 Primary Pulmonary Hypertension  
 425 Cardiomyopathy  
 427.5 Cardiac Arrest  
 430 Subarachnoid Hemorrhage

**500–599**

**Respiratory, Liver and Renal**  
 515 Post Inflammatory Pulmonary Fibrosis  
 518.81 Respiratory Failure  
 571 Chronic Liver Disease/Cirrhosis  
 572.8 Liver Failure  
 585 Chronic Renal Failure

**600–699**

644.2  
 651.1  
 651.2

**700–799**

745–746  
 750.3  
 759.7  
 765-765.1  
 765.7  
 769

**800–899**

806  
 851.9  
 852-854  
 897

**900–999**

945–948  
 952.9.  
 958  
 959.8  
 996.80  
 996.85

**Conditions of Pregnancy**

Early Onset of Delivery  
 Triplet Gestation  
 Quadruplet Gestation

**Perinatal Conditions**

Congenital Heart Disease  
 Tracheoesophageal Fistula  
 Multiple Anomalies  
 Preterm Infants  
 Abdominal Wall Anomalies  
 Respiratory Distress Syndrome

**Injury and Poisoning**

Cervical Spinal Cord Injury  
 Open Laceration of the Brain (GSW)  
 Brain Injuries  
 Amputations

**Trauma**

Burns  
 Spinal Cord Injury  
 Early Complications of Trauma  
 Multiple Trauma Injuries  
 Complications of Transplants  
 Graft vs. Host Disease