



Please complete and return to one of the following:

Email: aggregate@partnersmgu.com

Fax: 480.750.1395

### Aggregate Reimbursement Request Form

**Administrator Information**

_____ TPA Name	_____ Phone	_____ Ext	_____ Fax
_____ Contact Name	_____ E-Mail		
_____ Signature	_____ Title	_____ Date	

**Policy Holder Information**

_____ Policyholder Name	_____ Policy #	_____ Effective Date
Aggregate Incurred/Paid Period: <input type="checkbox"/> 24/12 <input type="checkbox"/> 15/12 <input type="checkbox"/> 12/12 <input type="checkbox"/> 12/15 <input type="checkbox"/> 12/24 <input type="checkbox"/> Other: _____		
Specific Incurred/Paid Period: <input type="checkbox"/> 24/12 <input type="checkbox"/> 15/12 <input type="checkbox"/> 12/12 <input type="checkbox"/> 12/15 <input type="checkbox"/> 12/24 <input type="checkbox"/> Other: _____		
Year-end filing: <input type="checkbox"/> Yes <input type="checkbox"/> No                      Accommodation: <input type="checkbox"/> Yes <input type="checkbox"/> No                      thru month of: _____		

**Claims Information**

Initial    Final                      Claims Submission #: \_\_\_\_\_

Total Benefits Paid – Policy Period	\$ _____
Less Claims in Excess of Specific Deductible	- \$ _____
Less Ineligible claims	- \$ _____
Less Refunds and / or Voids	- \$ _____
Less Greater of Calculated Aggregate Deductible or Minimum Aggregate Deductible	- \$ _____
Less Previous Accommodations	- \$ _____
Current <b>Aggregate Reimbursement</b> Requested	\$ _____
Current <b>Specific Advance</b> Requested	\$ _____

**Required Information**

**The request should include all of the following Year-to-Date Reports:**

- Detailed Medical & Prescription Drug Paid Claims Reports
- Complete Enrollment List (Include dependent and type of coverage)
- Proof of Funding
- Void & Refund Report
- Benefit/Service Code Report
- Monthly Loss Summary Reports
- Specific Claims Report
- List of all Payments Made – Outside Aggregate Contract
- Check Registers
- Outstanding Overpayment Log
- Subrogation Log
- Prescription Drug Invoices (If Covered)
- Prescription Drug Rebates

Additional information may be requested at the discretion of Partners MGU.