



America's Leading MGU & TPA For
Accident & Health Insurance

Available Online Tools

- o HSR Website
- o K-12 Enrollment Website
- o K-12 Fast Track Website
 - Online Claims Form
- o HSR Claims Portal
- o Online Loss Run Report

Accident & Health Insurance - HSR - Windows Internet Explorer

https://www.hsri.com/

File Edit View Favorites Tools Help

Favorites Accident & Health Insurance - HSR



America's Leading MGU & TPA For
Accident & Health Insurance

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K-12 Student Insurance

[Insurance Products](#)
Managing General Underwriter

[Claims Administration Services](#)

[1-866-409-5733](#) [1-866-910-0131](#) [1-800-328-1114](#)

Welcome to HSR

Health Special Risk, Inc. (HSR) is one of the nations leading [Underwriting Managers \(MGU\)](#), [Third Party Claims Administrators \(TPA\)](#), and Program Managers for *Special Risk and Accident & Health Insurance*.

We specialize in providing Accident & Health, Special Events insurance products, and administrative services to licensed agents, brokers, and insurance companies across the United States.

HSR is in our fifth decade of being a leader in the development and administration of *Special Risk and Accident & Health Insurance* products for over 33 years.

HSR maintains underwriting, binding, and claims administration authority with many of the nation's leading and financially sound insurance companies, and have General Agency agreements with many others.

Special Claims Toll-free numbers for our TPA partners:

HSR Toll-free: - 1-800-328-1114: 8:00 AM - 6:00 PM Central Time

Academic HealthPlans student medical claims: 1-800-785-2446

ACE accident insurance claims: 1-866-345-0959

Avis/Budget Rent-a-Car/Truck claims: 1-866-477-4126

AXIS accident insurance claims: 1-866-345-4299

Berkley accident insurance claims: 1-866-523-3269

Boy Scouts of America accident & sickness claims: 1-866-726-8870

CHUBB (Federal Ins. Co.) accident insurance claims: 1-866-523-3199

Consolidated Program Insurance (CPINS) claims: 1-866-523-3186



WE KEEP YOU COVERED!



At Health Special Risk, we provide you, our clients, with the highest level of customer service for all our insurance products and administrative services. Our employees are dedicated to offering the highest quality accident and health insurance products, priced extremely competitively and backed by our superior personal service.

Underwriting Services:
880 Sibley Memorial Highway,
Suite 100
Mendota Heights, MN 55118
(651) 455-8889
866-910-0131 (toll-free)

Administrative Services:
HSR Plaza II
4100 Medical Parkway
Carrollton, TX 75007
(972) 512-5600
866-328-1114 (toll-free)

HSR's Main Website
<https://www.hsri.com>

Click to open K-12 Enrollment Site

K12 Student Insurance

2013-2014 School Year

K-12 Enrollment Website

https://www.hsri.com/K12_Enrollment

[K12 Enrollment Home](#)

[1. Browse Rates](#)

[2. Open New Account](#)

[3. MyAccount Logon](#)

Choose from a variety of accident plans and options, including:

- ✓ 24-Hour
- ✓ At School
- ✓ Extended Dental
- ✓ Football

Enroll now and find out what plans your school offers.

Kids will be Kids.

That's why we're here.

Is your child uninsured? If your children are uninsured, our accident plan may be the answer to protecting your children.

Designed to be affordable, online enrollment in the accident plan takes only minutes.



User IDs and Passwords must be renewed every school year.

If you registered online for last 2012-2013 school year, you need to re-register for this 2013-2014 school year.

New Visitors:

1. Browse Rates
2. Open New Account - Once you have determined that your school is covered, you'll need to open a new account to add students & coverage
3. Add Student(s) & Coverage on MyAccount page

Returning Account Holders:

1. MyAccount Logon
2. Maintain Student Data
3. Maintain Insurance Coverage

HSR
Health Special Risk, Inc.

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Accident & Health Insurance

[About Us](#) | [Privacy Disclaimer](#) | [Claim Information](#) | [Website User Guide](#) | [Contact Us](#)

Click to open
detailed user guide



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1-866-409-5733
1-866-910-0131
1-800-328-1114

Special Links

HSR's Fast Track - School officials can sign in here to review their students enrollment in the Accident/Injury programs, as well as submit Claim Forms electronically.

HSR's Claims Portal - Clients with pre-approved access can review specific claims history for their clientele.

Internal HSR Calendar - {For internal HSR Employees only}

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[Insurance Products & Managing General Underwriter \(MGU\)](#)
[Claims Administration Services](#)

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[Sitemap](#)

Website database by [Ion Resources](#) and website design by [getNOTICEDonline.com](#).



**WE KEEP
YOU COVERED!**



VERIFIED BY
GeoTrust
Health Special...
CLICK 18.07.13 15:21 UTC

Special Links

<https://www.hsri.com/links.jsp>

K-12 Fast Track

The information contained herein is CONFIDENTIAL and may be subject to HIPAA and local, state & federal privacy laws. Do not copy or distribute this information without the expressed written permission of the student, the school district and *Health Special Risk, Inc.*

[Home](#) [Logon](#) [Search For Student](#) [Search For Student By Campus](#) [Claims](#)

User Login

School Year

☐ Last Year (2012-2013)
☒ This Year (2013-2014)

User Name

Password

Login

** Forgot your user name or password? **
If so, please contact HSR at (972) 512-5660

**K-12 Fast Track
Website**

<https://www.hsri.com/K12FT>

**Click to open
online claims form**
(see next page)

Want Access or Access Maintenance? Contact a District-Level Official.

Go!

Please address all questions/comments to:

HSR, Client Relations [[Attn: Cassandra](#)]
(972) 512-5660





Online Claims Form

STUDENT CLAIM FORM

1. Please fully complete this form
 2. Attach itemized bills
 3. Mail to HSR
- Email: K12Claims@HSRI.com

HSR

Health Special Risk, Inc.

P.O. Box 117558
Carrollton, Texas 75011-7558
Phone: (972) 512-5600 Fax: (972) 512-5818
Toll Free: (866) 409-5734

School District:

City and State:

School Name:

Policy Number:

FOR **HSR** USE ONLY: Claim Company # _____ Plan # _____ Location # _____

PART I - POLICYHOLDER'S REPORT

| | | | | | | |
|---|--|--|--|---|-------------------------------|---|
| 1. Claimant's Name (injured/ill person) | | 2. Social Security Number | | 3. Gender <input checked="" type="radio"/> M <input type="radio"/> F | 4. Date of Birth (mm/dd/yyyy) | 5. E-Mail |
| 6. Address of Injured/Ill person | | 7. Best Contact Phone Number (include area code) | | | | |
| 8. Parent/Legal Guardian Name, Address | | 9. Best Contact Phone Number (include area code) | | | | |
| 10. Date of Accident/Illness (mm/dd/yyyy) | | 11. Time of Accident (hh:mm) | | 12. Place where Accident Occurred | | 13. Date of First Treatment (mm/dd/yyyy) |
| 14. Indicate which Teeth were Involved in the Accident | | 15. Describe Condition of Injured Teeth Prior to Accident: | | | | |
| Dental Claims | | <input type="checkbox"/> Whole, Sound, and Natural <input type="checkbox"/> Filled <input type="checkbox"/> Capped <input type="checkbox"/> Artificial | | | | |
| 16. Type of Injury (Indicate Part of Body Injured - e.g. broken arm, sprained ankle, etc.) | | | | | | Did Injury Result in Death? <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 17. Describe How Accident Occurred or the Nature of the Illness - Give all possible details | | | | | | |
| 18. Which Best Describes the Activity: | | | | | | |
| <input type="checkbox"/> Play or practice of interscholastic sports <input type="checkbox"/> During lunch hour <input type="checkbox"/> Athletic period | | | | | | |
| <input type="checkbox"/> Not school related <input type="checkbox"/> In school bus <input type="checkbox"/> On school property during school hours | | | | | | |
| <input type="checkbox"/> P.E. class <input type="checkbox"/> School sponsored field trip <input type="checkbox"/> School sponsored activity during school hours | | | | | | |
| <input type="checkbox"/> Traveling to/from school <input type="checkbox"/> A spectator | | | | | | |
| 19. Name of Person Supervising the Activity | | | | 20. If engaged in an Interscholastic Sport at the time of the injury, what was the sport? | | |
| Signature of Parent/Legal Guardian: | | | | Name of School Official | | |
| Date: 07/18/2013 | | | | *Last 4 digits of SSN Date: 07/18/2013 | | |
| * serves as electronic signature | | | | | | |

PART II - OTHER INSURANCE STATEMENT

Do you/spouse/parent have medical/health care or is the Claimant enrolled as an individual, employee or dependent member of a Health Maintenance Organization (HMO) or similar prepaid health care plan, or any other type of accident/health/sickness plan coverage through your employer or other source on you or, if applicable, does your son/daughter have health care coverage as a dependent from your previous marriage as mandated in a divorce decree? ☐ Yes ☒ No



America's Leading MGU & TPA For

Accident & Health Insurance

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K-12 Student Insurance

Insurance Products
Managing General Underwriter

Claims Administration Services

1-866-409-5733

1-866-910-0131

1-800-328-1114

Claims Portal
(login page)
<https://www.hsri.com/Login.jsp>

HSR Client Login

Login

Password

Login





Health Special Risk

[Client Home](#) [Claim Search](#) [Administration](#) [Logout](#)

Claimant Search

Last: First:
Member ID:

Enrollee Search

Last: First:
Member ID:

Provider Search

Name:

Claim Search

Claim No.:

Claims Portal
(search page)

Claimant Search Results

| Type | Last Name | First Name | Member ID | SSN |
|------|-----------|------------|-----------|-----|
| E | | DAVID | | |
| E | | MICA R | | |
| E | | WILLIAM | | |
| E | | JOHNATHAN | | |
| E | | JESSICA | | |
| E | | ROBIN | | |
| E | | ELIZABETH | | |
| D | | ADRIAENNE | | |
| E | | TELISA | | |
| E | | TELISA | | |
| E | | EVAN | | |
| E | | EVAN | | |

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Health Special Risk

[Client Home](#)

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Claim Information

Claimant

Claim No.: 00257815
Worksheet No.: 01 Start Service Date: 11/1/2010
Line No.: 1.0.0 End Service Date: 11/1/2010
Policy No.: 113079 Receive Date: 11/2/2010
Benefit Code: CF Process Date: 11/16/2010
CLAIM FORM RECEIVED Paid Date: 11/16/2010
Claim Status: f Check No.:
Claim Paid Amount: \$0.00
Group No.:
Plan No.:
Place of Service Code: 11
Place of Service: OFFICE
Provider Name: PROVIDER/FACILITY/PRESCRIPTION DRUG

ROYSE CITY, TX 75189
USA

Home Phone:
Work Phone:

Gender: m
SSN:
Member ID:

[Enrollee](#)

[Provider](#)

[Payment Detail](#)

[Diagnosis](#)

[Claim Notes](#)

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[Accumulators](#)

Enrollee Information

DAVID
MINOR OF M/M
ROYSE CITY, TX 75189
USA

Home Phone:
Work Phone:

Gender: m
SSN:
Member ID:

Claims Portal
(information pages -
color-coded tabs)

HSR Claims Report Tool

Login if you already have an account

| | |
|---------------------------------------|--------------------------|
| Email Address: | <input type="text"/> |
| Password: | <input type="password"/> |
| <input type="button" value="Submit"/> | |

Claims Report Tool
(Online Loss Run)
https://www.hsri.com/HSR_Reports

- OR -

Complete the [Registration Request Form](#), if you don't.

Click to open
registration form
(see next page)

[About Us](#) | [Contact Us](#) | [Instructions](#)





HSR Claims Report Tool



This form is used to verify identity and determine eligibility of persons requesting access to the HSR Claims Report Tool website. Users of the site will be able to generate online reports based on sensitive claim data. This data MUST be safeguarded in accordance with strict [HIPAA regulations](#). Submission of this form does NOT guarantee acceptance.

Registration Request Form

| | |
|---|---|
| First Name | <input type="text"/> |
| Last Name | <input type="text"/> |
| Title | <input type="text"/> |
| Company Name | <input type="text"/> |
| Company Address | <input type="text"/> |
| Company City | <input type="text"/> |
| Company State, Zip Code | <input type="text"/> <input type="text"/> |
| Email Address | <input type="text"/> |
| Phone Number | <input type="text"/> |
| Requested Access Level | <input type="radio"/> Single Policyholder (access to only 1 policy number) <input type="radio"/> Agent/Broker (access to your policy accounts) <input type="radio"/> Insurance Company (access to all insurance company's policy numbers) |
| Applicable Insurance Company Name, OR Specific Policy Number(s) | <input type="text"/> |
| Any Other Information? | <input type="text"/> |
| Privacy Agreement | <input type="checkbox"/> <== Click here to agree to the terms outlined in the HSR ONLINE CLAIM REPORTS WEB PORTAL PRIVACY OF PERSONAL HEALTH INFORMATION AGREEMENT |

Once approved, you will have access to run your own loss runs. See next page for example.

Please allow at least 3 business days for approval processing.

Submit Form

***HSR* Claims Report Tool**

for DICK IRWIN

Policy Loss Run Report

| | | | |
|---|--|---|--|
| Enter Policy Number: | | PTPN00[REDACTED] | |
| Group By: | <input checked="" type="radio"/> Policy in Total | <input type="radio"/> Separate Location | |
| Summary or Detailed? | <input checked="" type="radio"/> Detailed | <input type="radio"/> Summary | |
| Choose Either the Policy Year or the Custom Date Range Option | | | |
| Option #1 - Policy Year | | | |
| -- Select Policy Year(s) -- | | | |
| [ALL] | | | |
| 2013 | | | |
| 2012 | | | |
| | | Go! Clear | |
| Option #2 - Custom Date Range | | | |
| -- Select Date Range Option -- | | | |
| From: | | | |
| To: | | | |
| | | Go! Clear | |

Continue

HSR Claims Report Tool

for DICK IRWIN

Policy #: PTPN00[REDACTED]

| | |
|-------------------------|-------------|
| Total Claims: | 86 |
| Amount Claimed: | \$49,408.39 |
| Amount Other Insurance: | \$4,338.90 |
| Amount Paid: | \$26,032.59 |

Click to display
Loss run report
(see next page)

| | | | |
|-----------------|---|--|-------------------|
| Loss Run | <input checked="" type="radio"/> HTML <input type="radio"/> Excel | <input type="checkbox"/> Show Expanded Ineligible Fields <input type="checkbox"/> Show Denied Claims Only | Run Report |
|-----------------|---|--|-------------------|

Policy Loss Run Report

| | |
|---|--|
| Enter Policy Number: | PTPN00[REDACTED] |
| Group By: | <input checked="" type="radio"/> Policy in Total <input type="radio"/> Separate Location |
| Summary or Detailed? | <input checked="" type="radio"/> Detailed <input type="radio"/> Summary |
| Choose Either the Policy Year or the Custom Date Range Option | |
| Option #1 - Policy Year | |
| -- Select Policy Year(s) -- | |
| (ALL) | |
| 2013 | |
| 2012 | |
| | Go! Clear |
| Option #2 - Custom Date Range | |
| -- Select Date Range Option -- | |
| From: | |
| To: | |
| | Go! Clear |



Health Special Risk, Inc.
POLICYHOLDER LOSS RUN
Detailed Report

880 Sibley Memorial Highway, Suite 101, Mendota Heights, MN 55118
(800)910-0131 (651)455-1877(fax)
HSR Plaza II, 4100 Medical Parkway, Carrollton, TX 75007
(800)328-1114 (972)512-5280(fax)

PTPN00 :
Policy Year: ALL
Thu Jul 18 10:55:11 CDT 2013

www.healthspecialrisk.com

| Policy Year | Location Name | Plan | Activity | Status | Last Name | First Name | Claim # | Loss Date | Service Date | Paid Date | Amount Claimed | Deductible | Other Ins. Paid | Ineligible | HSR Paid Amount |
|-------------|---------------|--|---------------|-----------|-----------|------------|-------------|-----------|--------------|-----------|----------------|------------|-----------------|------------|-----------------|
| 2012 | | 40730P1 \$0 DED / \$75K MED MAX / 104 WK | NOT SPECIFIED | Pended | | | 00479686-06 | 20120818 | 20120928 | 20121204 | \$134.50 | \$0.00 | \$0.00 | \$134.50 | \$0.00 |
| 2012 | | 40730P1 \$0 DED / \$75K MED MAX / 104 WK | NOT SPECIFIED | Finalized | | | 00478322-01 | 20120707 | 20120707 | 20120905 | \$871.43 | \$0.00 | \$0.00 | \$0.00 | \$871.43 |
| 2012 | | 40730P1 \$0 DED / \$75K MED MAX / 104 WK | NOT SPECIFIED | Finalized | | | 00478322-02 | 20120707 | 20120906 | 20120912 | \$14.29 | \$0.00 | \$0.00 | \$0.00 | \$14.29 |
| 2012 | | 40730P1 \$0 DED / \$75K MED MAX / 104 WK | NOT SPECIFIED | Finalized | | | 00478322-03 | 20120707 | 20120907 | 20121010 | \$485.71 | \$0.00 | \$0.00 | \$0.00 | \$485.71 |
| 2012 | | 40730P1 \$0 DED / \$75K MED MAX / 104 WK | NOT SPECIFIED | Finalized | | | 00478322-04 | 20120707 | 20121011 | 20121017 | \$100.00 | \$0.00 | \$0.00 | \$0.00 | \$100.00 |
| 2012 | | 40730P1 \$0 DED / \$75K MED MAX / 104 WK | NOT SPECIFIED | Finalized | | | 00478322-05 | 20120707 | 20121018 | 20121024 | \$100.00 | \$0.00 | \$0.00 | \$0.00 | \$100.00 |
| 2012 | | 40730P1 \$0 DED / \$75K MED MAX / 104 WK | NOT SPECIFIED | Finalized | | | 00478322-06 | 20120707 | 20121025 | 20121101 | \$100.00 | \$0.00 | \$0.00 | \$0.00 | \$100.00 |
| 2012 | | 40730P1 \$0 DED / \$75K MED MAX / 104 WK | NOT SPECIFIED | Finalized | | | 00478322-07 | 20120707 | 20121101 | 20121107 | \$85.71 | \$0.00 | \$0.00 | \$0.00 | \$85.71 |
| 2012 | | 40730P1 \$0 DED / \$75K MED MAX / 104 WK | NOT SPECIFIED | Finalized | | | 00478322-08 | 20120707 | 20121107 | 20121205 | \$185.71 | \$0.00 | \$0.00 | \$0.00 | \$185.71 |
| 2012 | | 40730P1 \$0 DED / \$75K MED MAX / 104 WK | NOT SPECIFIED | Finalized | | | 00479028-02 | 20120707 | 20120707 | 20120910 | \$205.00 | \$0.00 | \$0.00 | \$0.00 | \$205.00 |
| 2012 | | 40730P1 \$0 DED / \$75K MED MAX / 104 WK | NOT SPECIFIED | Finalized | | | 00479028-03 | 20120707 | 20120707 | 20120926 | \$11,092.63 | \$0.00 | \$0.00 | \$0.00 | \$11,092.63 |
| 2012 | | 40730P1 \$0 DED / \$75K MED MAX / 104 WK | NOT SPECIFIED | Finalized | | | 00479028-04 | 20120707 | 20120707 | 20120924 | \$205.00 | \$0.00 | \$0.00 | \$165.08 | \$39.92 |
| 2012 | | 40730P1 \$0 DED / \$75K MED MAX / 104 WK | NOT SPECIFIED | Finalized | | | 00479028-06 | 20120707 | 20120707 | 20121016 | \$45.00 | \$0.00 | \$0.00 | \$0.00 | \$45.00 |
| 2012 | | 40730P1 \$0 DED / \$75K MED MAX / 104 WK | NOT SPECIFIED | Finalized | | | 00479028-06 | 20120707 | 20120707 | 20121016 | \$247.00 | \$0.00 | \$0.00 | \$0.00 | \$247.00 |
| 2012 | | 40730P1 \$0 DED / \$75K MED MAX / 104 WK | NOT SPECIFIED | Finalized | | | 00479028-06 | 20120707 | 20120707 | 20121016 | \$652.00 | \$0.00 | \$0.00 | \$0.00 | \$652.00 |
| 2012 | | 40730P1 \$0 DED / \$75K MED MAX / 104 WK | NOT SPECIFIED | Finalized | | | 00479028-09 | 20120707 | 20120830 | 20121106 | \$90.00 | \$0.00 | \$0.00 | \$0.00 | \$90.00 |
| 2012 | | 40730P1 \$0 DED / \$75K MED MAX / 104 WK | WEEKLY | Finalized | | | 00479686-01 | 20120818 | 20120906 | 20120911 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 2012 | | 40730P1 \$0 DED / \$75K MED MAX / 104 WK | WEEKLY | Finalized | | | 00479686-03 | 20120818 | 20120818 | 20121203 | \$205.00 | \$0.00 | \$0.00 | \$0.00 | \$205.00 |
| 2012 | | 40730P1 \$0 DED / \$75K MED MAX / 104 WK | WEEKLY | Finalized | | | 00479686-04 | 20120818 | 20120820 | 20121218 | \$4,633.50 | \$0.00 | \$0.00 | \$4,633.50 | \$0.00 |
| 2012 | | 40730P1 \$0 DED / \$75K MED MAX / 104 WK | WEEKLY | Finalized | | | 00479686-05 | 20120818 | 20120818 | 20121218 | \$2,364.00 | \$0.00 | \$0.00 | \$2,364.00 | \$0.00 |
| 2012 | | 40730P1 \$0 DED / \$75K MED MAX / 104 WK | WEEKLY | Finalized | | | 00479686-09 | 20120818 | 20120831 | 20130314 | \$165.00 | \$0.00 | \$0.00 | \$0.00 | \$165.00 |

Loss Run Report

| | | | | | | | | | | | | | | | |
|-------------|---------------|--|---------------|-----------|-----------|------------|-------------|-----------|--------------|-----------|----------------|------------|-----------------|-------------|-----------------|
| 2012 | | 40474P1 \$0 DED / \$3K MED MAX / 104 WKS | NOT SPECIFIED | Finalized | | | 00476121-02 | 20120629 | 20120630 | 20121001 | \$44.00 | \$0.00 | \$0.00 | \$44.00 | \$0.00 |
| 2012 | | 40474P1 \$0 DED / \$3K MED MAX / 104 WKS | NOT SPECIFIED | Finalized | | | 00476121-03 | 20120629 | 20120629 | 20120926 | \$7,959.51 | \$0.00 | \$0.00 | \$5,173.61 | \$2,785.90 |
| 2012 | | 40474P1 \$0 DED / \$3K MED MAX / 104 WKS | NOT SPECIFIED | Finalized | | | 00476121-04 | 20120629 | 20120629 | 20121001 | \$37.00 | \$0.00 | \$0.00 | \$37.00 | \$0.00 |
| 2012 | | 40474P1 \$0 DED / \$3K MED MAX / 104 WKS | NOT SPECIFIED | Finalized | | | 00476121-04 | 20120629 | 20120629 | 20121001 | \$711.00 | \$0.00 | \$0.00 | \$711.00 | \$0.00 |
| 2012 | | 40474P1 \$0 DED / \$3K MED MAX / 104 WKS | NOT SPECIFIED | Finalized | | | 00476121-05 | 20120629 | 20120629 | 20121001 | \$610.18 | \$0.00 | \$0.00 | \$610.18 | \$0.00 |
| 2012 | | 40474P1 \$0 DED / \$3K MED MAX / 104 WKS | NOT SPECIFIED | Finalized | | | 00476121-06 | 20120629 | 20120630 | 20121001 | \$444.00 | \$0.00 | \$0.00 | \$444.00 | \$0.00 |
| 2012 | | 40474P1 \$0 DED / \$3K MED MAX / 104 WKS | WEEKLY | Finalized | | | 00476121-01 | 20120629 | 20120629 | 20120823 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 2012 | | 41125P1 \$0 DED / \$15K MED MAX / 104 WK | WEEKLY | Finalized | | | 00554291-01 | 20121020 | 20121020 | 20130625 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 2013 | | 41125P1 \$0 DED / \$15K MED MAX / 104 WK | WEEKLY | Finalized | | | 00556927-01 | 20130601 | 20130601 | 20130708 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Policy Year | Location Name | Plan | Activity | Status | Last Name | First Name | Claim # | Loss Date | Service Date | Paid Date | Amount Claimed | Deductible | Other Ins. Paid | Ineligible | HSR Paid Amount |
| Totals --> | | | | | | | | | | | \$49,408.39 | \$0.00 | \$4,338.90 | \$19,202.62 | \$26,032.89 |