CRUM & FORSTER
EST. 1822
A FAIRFAX COMPANY

Email to: ReClaim@cfins.com

REQUEST FOR COST CONTAINMENT

Date Submitted: Requested by:

EMPLOYER GROUP NAME:

PROGRAM: ☐ Direct ESL ☐ Program ESL ☐ INO ☐ Other

CLAIMANT INFORMATION

Claimant Name: DOB:

Diagnoses:

Facility/Provider:

CLAIMS INFORMATION

DOS: – Billed Charges: $

NETWORK DISCOUNT: ☐ Network: Discount amount: $

Discount % Allowable amount: $

HAS THE CLAIM BEEN PAID? ☐ Yes ☐ No Total/Partial Payment: $

TYPE OF DISCOUNT: ☐ % of Billed Charges ☐ Per Diem ☐ Case Rate ☐ DRG ☐ PBM ☐ RBP ☐ Unknown

DOMESTIC REDUCTION: % POLICY HAS COST CONTAINMENT LANGUAGE: ☐ Yes ☐ No

Comments/Special Instructions/Benefit limitations:

TYPE OF SERVICE REQUESTED

☐ Prescreen and call to discuss ☐ Sign-Off ☐ Bill Review ☐ Negotiations ☐ Transplant ☐ Dialysis

☐ Physician Specialty Review ☐ Specialty Pharmacy ☐ Neonatal ☐ Air Ambulance ☐ Implant ☐ Other

***Please attach CLAIMS (UB and IB), Medical Records and CM report if available.**