



Kismet Risk Management Associates  
**Aggregate Claim Request Form**  
 2464 Byron Station Drive, Byron Center, MI 49315  
 Phone: Claims' Direct: (317) 288-3385 x106 Email: [claims@kismetrisk.com](mailto:claims@kismetrisk.com)

Insured: \_\_\_\_\_

Policy Period: \_\_\_\_\_ Basis: \_\_\_\_\_ Specific Deductible: \$ \_\_\_\_\_

Administrator: \_\_\_\_\_

Coverage(s): Medical:  Dental: \_\_\_\_\_ Vision: \_\_\_\_\_ Rx Card: \_\_\_\_\_ Other: \_\_\_\_\_

Minimum Aggregate Retention: \$ \_\_\_\_\_

Aggregate Retention Factors: Single<sup>1</sup>: \$ \_\_\_\_\_ Family<sup>2</sup>: \$ \_\_\_\_\_ Composite<sup>3</sup>: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Census X Factors						Loss Fund		Total Paid Claims		
Month	Single Census	Single <sup>1</sup>	Family Census	Family <sup>2</sup>	Total Census	Composite <sup>3</sup>	Month	Accumulative <sup>B</sup>	Month	Accumulative <sup>A</sup>
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Aggregate Claim Calculation

Paid Claims Year-to-Date: \$ \_\_\_\_\_  
 Less Specific Excess Claims: \$ \_\_\_\_\_  
 Less Claims Paid Outside Aggregate Contract: \$ \_\_\_\_\_  
 Less Aggregate Deductible: \$ \_\_\_\_\_  
 Less Refunds/Voids: \$ \_\_\_\_\_  
 Less Previous Monthly Accommodations: \$ \_\_\_\_\_  
 Reimbursement Due Group: \$ \_\_\_\_\_  
 Refund Due Carrier: \$ \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING TO AVOID DELAY:**

1. Paid Claims Analysis Report showing name of claimant, incurred date, charge, payment amount and date, claim #, ICD9/ICD10, CPT code
2. Eligibility listing which identifies birth date, effective date, termination date and coverage type
3. Proof of Funding. This must include monthly bank statements and/or deposit slips
4. Void/Refund report
5. Benefit/Service Code report
6. Aggregate Report – Monthly Loss Summary Report
7. Specific Report showing claimants have exceeded the Specific Deductible/Loss Limit
8. Payments made outside the Aggregate Contract (i.e. Dental, Weekly Income, Vision, PPO Fees, Medical Records Fees, Rx Admin.)
9. Year to Date Check Register
10. Outstanding overpayments and subrogation issues
11. Detailed Rx Itemizations and Invoices (if covered under Aggregate)

Email: \_\_\_\_\_