

Large Dollar Claim Release

Analyst Name: _____

Date: _____

Product ----- (select dropdown)

YES **NO**

PT Name _____

Eligible:

Claim # _____

Duplicate:

DOS: _____

COB:

Auth # _____

Reviewed by Lead: _____
(\$0 < Claim < \$4,999)

Date: _____

Reviewed by Manager: _____
(\$5,000 < Claim < \$24,999)

Date: _____

QA Auditor Release: _____
(\$5,000 < Claim < \$49,999)

Date: _____

Correct? YES NO

Comments

Director Release: _____
(\$50,000 < Claim < \$99,999)

Date: _____

VP / Director–Medical Svcs Release: _____
(Claim > \$100,000)

Date: _____

Required Attachments:

RA Note Screenprint:

Second Dollar Stoploss Documentation: YES N/A