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## AGGREGATE REPORTING FORM

Name of Group \_\_\_\_\_

Contract Year \_\_\_\_\_

(1)	(2)				(3)	(4)	(5)	(6)	(7)
Month & Year	Employee	Employee + Spouse	Employee + Child	Family	Claims Paid Monthly	Claims Paid Year-to-Date	Claims Paid Outside Loss Fund (Monthly)	Total Specific Claims Paid Over Retention	Refunds Recoveries (Coordination of Benefits – Subrogation) Returned or Voided Checks
<b>Total:</b>									

Administrator \_\_\_\_\_ Prepared By \_\_\_\_\_ Date \_\_\_\_\_

Email Address:

Phone Number:

**AGGREGATE CALCULATION**

Group Name:

Effective Date:

TRUE ATTACHMENT CALCULATION (Year to Date)

Employee	_____ x _____	= \$ _____
	Factor	
Employee + Spouse	_____ x _____	= \$ _____
	Factor	
Employee + Child	_____ x _____	= \$ _____
	Factor	
Family	_____ x _____	= \$ _____
	Factor	

TOTAL TRUE ATTACHMENT = \$ \_\_\_\_\_

MINIMUM ATTACHMENT (from schedule of benefits) = \$ \_\_\_\_\_
AGGREGATE CALCULATION

Total Claims Paid Year to Date (Should equal the total of Column 4)	_____
Less Claims Paid Outside Loss Fund (Should equal total of Column 5)	_____
Less Specific Claims (Should equal total of Column 6)	_____
Less Refunds, Recoveries, Return or Voided Checks (Should equal total of Column 7)	_____
Less the <b>Minimum</b> or <b>Calculated</b> Attachment Point, whichever is greater	_____
Less Previous Accommodation Payments	_____
Reimbursement Requested / Accommodation Re-payment Due	_____

Note

The following information is required to properly process this claim. Please submit an annual paid claims report listing.

- |                       |                              |
|-----------------------|------------------------------|
| 1. Name of Employee   | 8. Date Paid                 |
| 2. Name of Claimant   | 9. Check Number              |
| 3. Incurred Date      | 10. Specific Analysis Report |
| 4. Type of Service    | 11. PCS Detail Report        |
| 5. Amount of Charge   | 12. Check Registers          |
| 6. Amount Paid        | 13. Outside Loss Fund Report |
| 7. Eligibility Report | 14. Claims Funding Report    |

Outstanding Accommodations are immediately due and to be repaid within 10 days of notice by the Company to the Employer of the amount to service as final repayment under this Agreement. Past due repayments are subject to a 2% penalty.