



**GREENWOOD INTERNATIONAL  
INSURANCE SERVICES, INC**

225 Franklin Street  
Suite 1201  
Boston, MA 02110

P: 617.502.3000  
F: 617.728.8268  
www.gwigroup.com

## 50% and Diagnosis Notification Form

Policyholder Name:			
Policy Number:		Policy Effective:	
Employee Name:		SSN:	
Specific Deductible:		Claimant Name:	

Amount to be Paid:	\$
Amount Outstanding:	\$
PROJECTED TOTAL PAYMENTS:	\$

Diagnosis:		Date First Treated:
Projected Treatment Plan:		

Has Large Case Management been implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of LCM Facility:		
	If YES, what type(s)? <input type="checkbox"/> Pre-certification <input type="checkbox"/> Discharge Planning <input type="checkbox"/> Large Case Management Monitoring <input type="checkbox"/> Negotiated Cost Savings	If NO, why not? <input type="checkbox"/> Not Good Candidate <input type="checkbox"/> LCM Not Included in Group Plan <input type="checkbox"/> Extensive PPO Network <input type="checkbox"/> Other
<i>If LCM is not included in the Plan, please contact GWI as soon as possible.</i>		

Name of Case Manager:		Phone:	
The majority of these charges:	<input type="checkbox"/> were <input type="checkbox"/> were not    incurred in PPO facilities.		
Name of PPO Network:			

Will the hospital bills be audited?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Negotiated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stop Loss Coordinator:			
TPA Name:			
Address:			
Phone Number:		Fax Number:	
Signature:		Date:	

**Please submit this form by regular mail to:**

GreenWood International Insurance Services, Inc.  
225 Franklin Street, Suite 1201  
Boston, MA 02110  
P: 800.272.7488  
F: 617.728.8268