14755 North Outer Forty Drive
Suite 300
Chesterfield, MO 63017
636-449-7000
636-449-7199 Fax

Reinsurance Reimbursement Request

Employee: ________________________________ **Date of Accident:** _____________ ___
MWECC Clm # ______________________ **Cedent Claim #** _________________

Reimbursement Period Through _________________________

Total Indemnity Paid to Date $_________________

Total Medical/Rehab/Voc Paid to Date $_________________

Total Expenses Paid to Date** $_________________

Sub total (a) $_________________

(Less Retention) -_________________

(Less SITF/Subro/State Assessments if applicable) -_________________

(Less Penalties/Interest Paid) -_________________

(Less Prior MECC reimbursements) -_________________

Sub total (b) -_________________

Net reimbursement due (a-b) $_________________ *

*Is this a final reimbursement? YES NO

The following information must be included with the reimbursement request:

- Detailed payment register identifying all indemnity, medical and allocated expense from dollar one. (Include any credits or recoveries)
- If claim has been settled, please include a copy of executed settlement documents
- Summary of paid to date and outstanding reserves by category.

We certify the above amounts are accurate. We are requesting payment on the behalf of the insured, ____.
Unless otherwise requested, payee will be our named insured with the check sent in care of the party requesting the reimbursement. Please supply mailing address.

Signed By: __________________________________ Date: ________________

Phone: ____________________________ E-mail: _________________________________

Without the completed information above and the required documents requested, reimbursement will be delayed until received in full.

To help expedite, you may submit this form and documentation described above to ClaimTPA@mwecc.com showing the subject line: "**REIMBURSEMENT REQUEST**". Washington Fraud Warning: "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."