

**DISCLOSURE STATEMENT**

This disclosure statement is attached to and forms part of the application and must be completed and signed by the Applicant/Insured.

\_\_\_\_\_ Proposed Effective Date: \_\_\_\_\_  
 (Name of Applicant/Insured)

List all employees/dependents that currently have a serious diagnosis and have incurred claims in excess of 50% of the Specific deductible (see attached for description of diagnosis) or have a potential treatment plan for a catastrophic condition within the last 12 months.

Are there currently any dependent children over the normal termination age covered by the plan under a disabled or handicapped child extension provisions?  
 Yes  No

Are any participants covered under COBRA, or COBRA eligible? Yes  No

If this policy is currently fully insured, are extended benefits available from the prior insurer for presently disabled employees and/or dependents? Yes  No

For each person listed, include the diagnosis, amount of claim payments, pending claims, current status and prognosis.

Claimant (Full Name)	DOB	Diagnosis	Prognosis/Status	Paid Claims	Pending Claims	Cobra Y/N

By signing below, the Applicant/Insured hereby certifies that the disclosure information listed on this form is a complete and true representation of the facts for all locations in its organization. The Applicant/Insured understands and agrees that IMMS, Inc. reserves and shall have the right to re-underwrite after receipt and review of this signed Disclosure Statement for any medical conditions existing prior to the effective date. The Applicant/Insured further understands and agrees that the Insurance Company, through it's Underwriting Manager, IMMS, Inc., will not be liable for reimbursement of any claims paid by the Applicant/Insured for persons with serious conditions or potential serious conditions existing as of the effective date that were not shown on this Disclosure Statement.

\_\_\_\_\_  
 TPA  
 \_\_\_\_\_  
 Authorized Signature, Title and Date

\_\_\_\_\_  
 Applicant/Insured  
 \_\_\_\_\_  
 Authorized Signature, Title and Date

# Insurance Mass Marketing Systems Inc.

A Division of The Heusinkveld Group

## ICD-9 CODE REPORTING GUIDE

*The following ICD-9 codes typically identify patients who may incur high dollars or those who may benefit from medical case management.*

<b>000-199</b>		<b>500-599</b>	
V42.1	Heart Transplant	555.9	Crohn's Disease NOS
V42.8	Bone Marrow Transplant	571	Chronic Liver Disease / Cirrhosis
V42.0	Kidney Transplant	571.49	Chronic Hepatitis / Active
V42.7	Liver Transplant	577.0	Acute Pancreatitis
136.3	Pneumocystis Carinii	579.00	Celiac Disease
174.8	Breast Cancer	581	Nephrotic Syndrome
198.3	Mal. Neoplasm of Brain	585	Chronic Renal Failure
197.8	Metastatic Mal. Neoplasm / Pancreas		
		<b>600-699</b>	
<b>200-299</b>		641	Hemorrhage / Placental
201	Hodgkin's Disease	642	OB Complications Hypertension
202.8	Lymphoma	643	OB Excessive Vomiting Involutional
204	Leukemia, Lymphoid	650.0	Twins – Normal Pregnancy
208.0	Acute Leukemia	651.2	Quadruplet Pregnancy
205.1	Chronic Leukemia		
250.7	Diabetes w/ Peripheral Circulatory Dis.	<b>700-799</b>	
259.4	Dwarfism (possible growth Hormone)	741	Spinal Bifida
277.0	Cystic Fibrosis	742.3	Congenital Hydrocephalus
279.10	Immune Deficiency T-Cell Def. (AIDS)	742.4	Brain Anomaly
284.9	Aplastic Anemia	746.9	Congenital Heart Disease
042	HIV	751.3	Hirschprung's Disease
		756.7	Abdominal Wall Anomalies
<b>300-399</b>		758	Chromosomal Anomalies
311	Depressive Disorders	759.7	Multiple Anomalies / Premature Infant
312	Conduct Disturbance NEC	765	Prematurity
330.1	Tay-Sachs Disease	765.0	Extreme Prematurity
333.4	Huntington's Chorea	765.1	Pre-Term Infant
325.20	Amyotrophic Lateral Sclerosis	769	Respiratory Distress Syndrome
340	Multiple Sclerosis	770.8	Post Birth Respiratory Failure
343.2	Cerebral Palsy-Quadriplegic	799.1	Acute Respiratory Failure
344.0	Quadriplegia		
357.0	Guillain Barre Syndrome	<b>800-899</b>	
359	Muscular Dystrophy	801	Fracture Skull, Base
394	Mitral Valve Disease	803	Fracture Skull, Other
395	Aortic Valve Disease	806	Fracture Vertical Spinal Cord Injury
		828.10	Fx, Multiple Tibia, Fibula, Ulna, Radius
<b>400-499</b>		853.06	Brain Injury/Hemorrhage / Coma
410	Myocardial Infarction, Acute	854	Brain Injury, Other
414.0	Coronary Arteriosclerosis	854.05	Severe Closed Head Injury / Coma
414.8	Coronary By-pass	873.0	Gun Shot Wound to Head
414.9	Chronic Ischemic – Heart Disease		
415.1	Pulmonary Embolism / Infarction	<b>900-999</b>	
416.9	Chronic Pulmonary Heart Disease	946	Burns, Multiple Sites
423.9	Unspecified disease of pericardium	948.7	2 <sup>nd</sup> & 3 <sup>rd</sup> Degree Burns / 70-79%
425	Cardiomyopathy	952.9	Spinal Cord Injury
428	Heart Failure	958	Trauma, Complications Early
430	Subarachnoid Hemorrhage	959.8	Multiple Trauma Injuries
436	Cerebrovascular Disease (CVD), Acute	994.1	Near Drowning
486	Pneumonia, Organisms NOS	996.80	Complications of Transplant
496	Chronic Airway Obstruction NEC		