



NO-FAULT CASE CLOSURE DETAIL DOCUMENT

Beneficiary Name: _____

Medicare Number: _____

Date of Incident: ____/____/____

Amount of Policy Limit: \$ _____

Were Policy Limits Exhausted? Yes No

(Please Circle One)

****Date treatment no longer required** ____/____/____

(if benefits not exhausted)

Date Case Closed: ____/____/____

Exhaust Information Provided By: _____

Please provide a payment ledger/log detailing what bills were paid for the date of incident above for further consideration. A payment ledger/log should include:

- who was paid
- the date paid
- the amount paid

This completed document, with payment ledger/log attached, should be sent to the address below.

**** If the beneficiary has stopped treating but the policy benefits are not exhausted, please also include a signed and dated statement from the beneficiary's treating physician that the beneficiary is no longer treating for the illness or injury. This statement should specify the date treatment for the illness or injury was no longer required; the final date of treatment will be presumed to be the date of the statement if another date is not specified.**

If you have any questions concerning this matter, please call the Benefits Coordination & Recovery Center (BCRC) at 1-855-798-2627 (TTY/TDD: 1-855-797-2627 for the hearing and speech impaired) or you may contact us in writing at the address below. If you contact us in writing, please be sure to include the beneficiary's name and Medicare number.

NGHP

Post Office Box 138832

Oklahoma City, OK 73113