Sibley & ASSOCIATES Inc.

ISO 9001:2000 Registered Quality Management System

Process Overview: Catastrophic Impairment Determination

Insurer receives
Application for Determination of Catastrophic Impairment
OCF 19

Insure accepts Application & informs client.

Insurer accepts Application. Client is deemed Catastrophic.

Insurer continues to provide necessary benefits as per the SABS guidelines for Catastrophic Impairment. Attendant care benefits cannot be assessed more than once annually.

Insurer denies Application & informs client.

5-20 days after client notice:
Insurer requests client attend a Catastrophic IE.

Within 30 days of IE:
Insurer receives Catastrophic IE report.
Typical assessments include:

- Functional Abilities Evaluation
- In-Home ADL Assessment
- Medical Assessment
- Psychological Assessment

Within 5 days of report receipt:
Insurer informs client of determination/entitlement decision.

- Insurer continues to provide reasonable and necessary benefits as per the SABS guidelines for Non Catastrophic Impairment if not deemed Catastrophic or as per the SABS guidelines for Catastrophic Impairment.
- Client has a right to request a rebuttal examination if the determination is Non Catastrophic.

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