### STUDENT ACCIDENT CLAIMS PROCEDURE

# A-G Administrators requires 3 things to process a claim:

- 1. Completed and Signed Claim Form
- 2. All itemized Bills
- 3. Explanation of Benefits (EOBs) from your Primary Insurance Carrier.

### 1. Claim Form

The claim form enables A-G Administrators to start the process for the treatment of injury. To avoid delays in claim processing please be sure the "other insurance" portion of the claim form is completed in full. The claim form must be signed by an organization's official such as an administrator, coach or athletic trainer and a parent/guardian

CLAIM FORM ATTACHED

#### 2. Itemized Bills

A-G Administrators requires all provider invoices that apply to the injury. Please include copies of all medical bills, showing the name and address of the provider of service, date of service, type of service and charges. We typically require a CMS-1500 (HICF) or UB04 form from the provider (they will know what these are). Account statements or "balance due" statements are helpful, but do not contain all the information needed to process the charges.

To view a sample of an itemized bill, see attached samples

CMS-1500 (HICF) UB04 form

# 3. Explanation of Benefits

Explanation of Benefits defines coverages from other health insurance providers. If you have other medical insurance, all medical bills must be first submitted to that carrier for their determination of eligibility. If the charges are not paid in full by the other medical insurance carrier, A-G Administrators will need to see that carrier's EOB prior to considering eligibility for benefits. If you have no primary medical insurance, the need for an "EOB" will not be applicable to your claim.

### Claim Submission

Once you have all documents completed and in order, you can submit your claim via one of the following: **QUESTIONS CALL:** 610-933-0800

1. Upload documents through our secure portal: (on claim form)

2. Or, mail to:
A-G Administrators LLC
Attn: Claims Department
P.O. Box 21013
Eagan, MN 55121