* FOR ATHLETIC INJURIES *

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

SPORTS INSURANCE SPECIALISTS

K-12 STUDENT
ACCIDENT CLAIM FORM

Please complete and submit to A-G Administrators with itemized medical bills AND primary insurance explanation of benefits.

Send all claim forms and documents using our secure upload portal: upload.agadministrators.com Alternatively, submit documents to claims@agadm.com.

For questions, however, please contact A-G Administrators: customerservice@agadm.com.

Parent -

YOUR INFORMATION

First Name:_____ Last Name:_____

Title:_____ School/Organization Name:_____

Email Address:_____ Phone Number:_____

POLICYHOLDER INFORMATION

Policyholder (School):_____

School Address:_____
STREET CITY STATE, ZIP

STUDENT INFORMATION

Student's Name:_____
FIRST NAME MIDDLE INITIAL LAST NAME

Date of Birth:_____ Sex: ☐ M ☐ F **Social Security #:**_____

~~Student's~~ Phone Number (~~or~~ Parent's if minor): _____

~~Student's~~ EMAIL (~~or~~ Parent's ~~if minor~~): _____

Student's Home Address: _____
STREET CITY STATE, ZIP

ACCIDENT INFORMATION

Circumstance: ☐ Game ☐ Practice ☐ Conditioning ☐ Other (Please explain in Nature of Injury section.)

Type of Activity: ☐ Club Sport ☐ Intramural ☐ Interscholastic ☐ Non-Athletic

Activity/Sport (If athletic related):_____ Accident Date:_____

Body Part Injured:_____ Place of Accident:_____

Nature of Injury (Details of what happened.):_____

_____

_____

INSURANCE INFORMATION

Does the claimant (Parent) have primary insurance? ☐ Yes ☐ No (Attach separate documents if necessary.)

Insurance Company Name:_____

Insurance Company Address:_____
STREET CITY STATE, ZIP

Policy Number: _____ ID#:_____

Is the student eligible for Medicaid or TriCare Benefits? ☐ YES ☐ NO
If yes, please file for benefits under the Student Accident Plan before submitting expenses to Medicaid or TriCare.

A-G ADMINISTRATORS LLC
SPORTS INSURANCE SPECIALISTS
PO Box 21013, Eagan, MN 55121
Ph: (610) 933-0800 Fx: (610) 933-4122 Email: claims@agadm.com

AUTHORIZATION

AFFIDAVIT: I verify that the statement on other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws. I agree that if it is determined at a later date that there are other insurance benefits collectible on this claim I will reimburse A-G Administrators to the extent for which A-G Administrators would not have been liable.

AUTHORIZATION TO RELEASE INFORMATION: I authorize any Health Care Provider, Doctor, Medical Professional, Medical Facility, Insurance Company, Person or Organization to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information concerning the patient, to A-G Administrators and its designees.

PAYMENT AUTHORIZATION: I authorize all current and future medical benefits, for services rendered and billed as a result of this claim, to be made payable to the physicians and providers indicated on the invoices.

WARNING: New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

SCHOOL OFFICIAL SIGNATURE	DATE
PARENT / GUARDIAN SIGNATURE	DATE

FRAUD WARNING: Any person who, knowingly and with intent to defraud, or helps commit a fraud against, any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits or may be committing a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties

Arkansas and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho and Indiana: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony. Idaho and Indiana: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person, who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto, may be subject to prosecution for insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison

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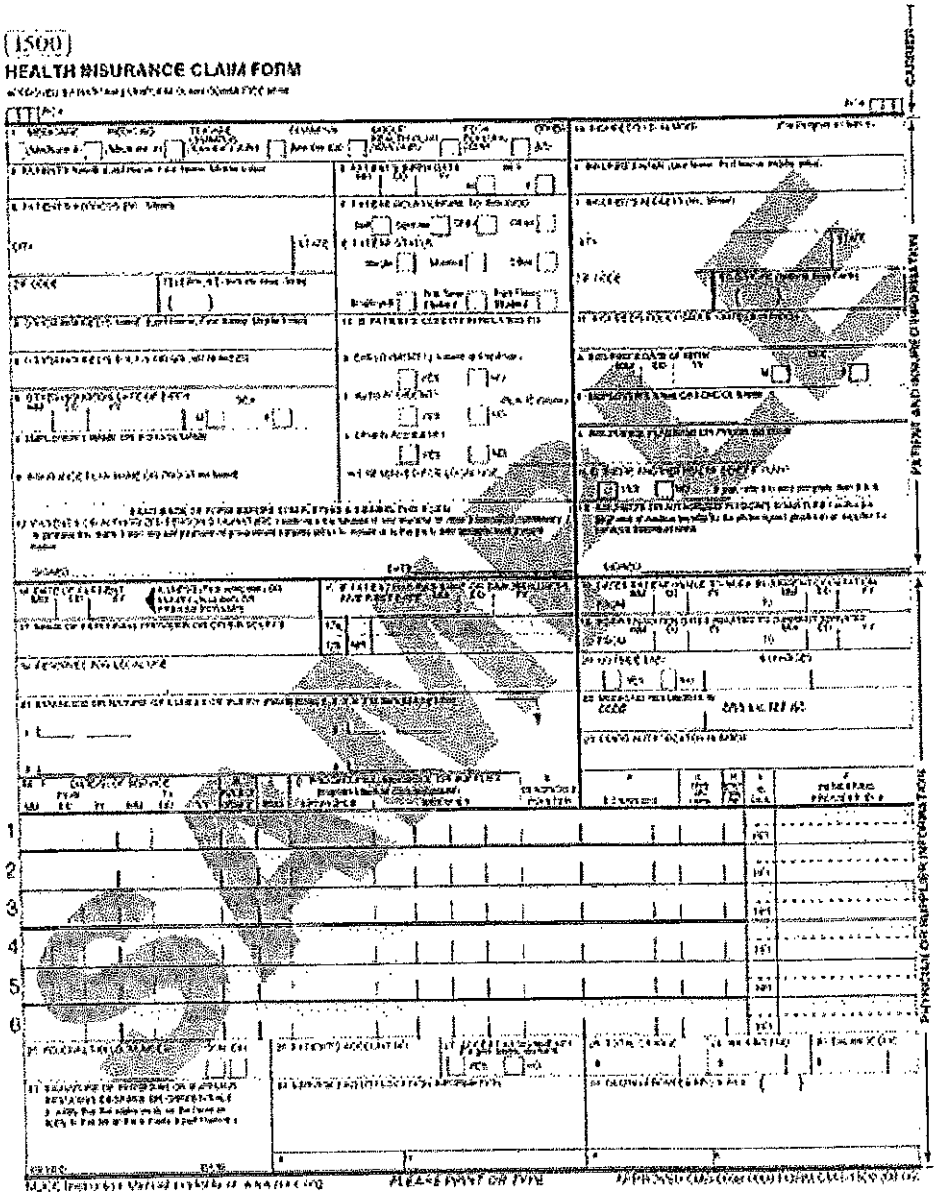
X GET FROM DOCTOR/HOSPITAL



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