

HOW TO FILE AN ACCIDENT INSURANCE CLAIM

Accidents happen. Our goal is to provide you with a timely and accurately processed claim. Please take a moment to read through the instructions below to determine which option applies to you. These instructions provide information on how to initiate a claim and the documentation that is required to process your insurance claim under the policy issued by QBE Insurance Corporation. You will be contacted by a Claim Examiner from A-G Administrators, LLC if information is missing. Submitting incomplete information may cause a delay in processing.

Option 1: If you have primary health insurance, please submit the following information:

- 1. Completed and Signed Accident Claim Form:** This enables A-G Administrators, LLC to open a claim and begin the claim process. To avoid delays in claim processing, make sure to complete the "Insurance Information" section on the claim form. The claim form must be signed by an authorized representative of the organization. Please make sure to make photocopies of all documents submitted for your records.
- 2. Itemized Bills and/or Receipts:** Please include copies of all medical bills and/or receipts, showing the name and address of the provider of service, date of service, type of service, and the charges or paid amounts. 'Account statements' or 'balance due statements' are helpful, but do not contain all the necessary information needed to further process a claim.
- 3. Explanation of Benefits document from your Primary Health Insurance Carrier:** All medical bills must be first submitted through your primary health insurance carrier. If the charges are not paid in full by your health insurance carrier and there are out of pocket expenses, please send a copy of the "Explanation of Benefits" document from your health insurance carrier.

Option 2: If you do NOT have primary health insurance, please submit the following information:

- 1. Completed and Signed Accident Claim Form:** This enables AG Administrators, LLC to open a claim and begin the claim process. **Please make sure to check "No" under the Insurance Information section on the claim form.** The claim form must be signed by an authorized representative of the organization. Please make sure to make photocopies of all documents submitted for your records.
- 2. Itemized Bills and/or Receipts:** Please include copies of all medical bills and/or receipts, showing the name and address of the provider of service, date of service, type of service, and the charges or paid amounts. 'Account statements' or 'balance due statements' are helpful, but do not contain all the necessary information needed to further process a claim.

Documents should be mailed or emailed as directed below:

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

accident.brotherhood@agadm.com
(Email is encouraged to expedite the process)

Questions? If you have any questions regarding the above instructions or want to check the status of your claim, please call A-G Administrators, LLC at 1-800-634-8628 or email us at accident.brotherhood@agadm.com. Please review page 2 for Frequently Asked Questions and answers.

FREQUENTLY ASKED QUESTIONS

Why do I need to send an Accident Claim Form?

A completed Accident Claim Form is required to open a new claim within A-G Administrators, LLC's claim management system. No claim can be processed without this form filled out completely with signatures. The form verifies organization and claimant information, accident injury information, insurance information, and affirms all information is accurate and complete and authorizes information to be released and payment to be authorized. The authorization requires two signatures, one from the injured person or parent/guardian of the injured person and one from the organization.

What is an Itemized Bill?

An itemized bill is a detailed billing form that includes the date of service, billed amounts, Current Procedural Terminology (CPT) Codes, Diagnosis Codes, Provider Tax ID Number, and Name and Address of the medical provider, along with patient information. This information is required, and a claim cannot be processed from statements that are not itemized.

These forms would come directly from your medical providers office. A-G Administrators, LLC's claims examiners are happy to contact your health care provider directly on your behalf to request this information; but please be aware that this can result in delays in processing your claim.

What is an Explanation of Benefits (EOB) document and why do I need it from my primary health insurance carrier to process my claim?

An EOB is a statement from your health insurance provider describing what costs it will cover for medical care or products you've received. The EOB is generated when your medical provider submits a claim for the services you received at their facility. Your health insurance company sends you EOBs to help make clear, the cost of the care you received, any money you saved by visiting in-network providers, and any out-of-pocket medical expenses you'll be responsible for.

The easiest way to access your EOB's is through your primary insurance's online portal. Almost all major health insurance companies have electronic EOB's accessible to participants online for prior treatments. You may also receive hard copies of the EOBs in the mail or can request copies through your health insurance provider.

What is the average time frame of a claim to be processed?

Once the completed Accident Claim Form, Itemized Bills and Corresponding EOBs are received, if applicable, the processing time of a claim is approximately 5-10 business days. If additional information needs to be requested, this will delay the process.

What's the best way for me to check on the status of my claim?

Contact A-G Administrators, LLC at 1-800-634-8628 or email us at accident.brotherhood@agadm.com.

Does A-G Administrators, LLC work directly with the medical provider's billing offices, or do I contact them?

If the claim form is received complete with signatures and the medical providers contact information is received, A-G's Claim Examiner will contact the billing offices directly to request the required documentation for further processing.

If A-G Administrators, LLC is not receiving a response from the medical provider's office, A-G Administrators, LLC's claim examiner may ask for your assistance in contacting them directly.

What if I already made payments on the claim?

If you have already made payments, you may be reimbursed for covered charges. We will still need the itemized bill and corresponding EOB for each charge, if applicable, in addition to your proof of payment (receipt, copy of check, etc.). If proof of payment is not submitted prior to processing, payment will be issued directly to the provider, and you will need to contact the provider for reimbursement.

For questions or concerns prior to sending a claim form, please contact:

Brotherhood Mutual Insurance Services, LLC at 1-800-876-4994 or email us to accident@brotherhoodmutual.com.

All claims reviewed are subject to verification of coverage and benefits under the policy. All insurance benefits are subject to the terms, conditions, limitations and exclusions of the policy as issued. Please review the policy for details. QBE and the links logo are registered service marks of QBE Insurance Group Limited. © 2021 QBE Holdings, Inc.