



# ACCIDENT MEDICAL CLAIM FILING INSTRUCTIONS

ADL Risk Services, Plan Administrator  
556 Clay Street Montgomery, AL 36104  
Phone: 844.350.9897 Secure Fax: 334.649.7901  
Email: [Claims@ADLRS.com](mailto:Claims@ADLRS.com) Website: <http://adlrs.com>

*\*Please read these instructions fully, carefully and thoroughly prior to submission of any forms or claims in order to avoid a denial of your claim(s).\**

## **Form Submission Process & Eligibility Requirements**

- 1) Complete ADL's **Student Accident Form** ("SAF") and submit to ADL Risk Services ("ADL") **as soon as possible** or **no later** than 90 days after the initial accident/injury date. (One SAF form per injury.)

*The most current form can be obtained from your school or are available on ADL's website. If you are not able to obtain your school's Plan ID# from your school's representative, please call ADL to obtain it. **Part 1** of the SAF must be completed and signed by the designated school official as soon as possible after the injury occurs. **Parts 2 and 3** must be completed and signed by the student's parent or guardian. (If no insurance is available, state "no insurance" in the applicable field(s).) ALL fields must be accurately completed and must be signed and dated by the individuals, as indicated on the Form. Claims will be denied, if the SAF is not completed accurately and as indicated in the instructions. A copy of this form should be sent to ADL Risk Services, Inc. **as soon as possible** in order to open a claims file to process any incoming student accident medical claims. If the SAF is submitted after 90 days after the initial accident/injury date, **YOUR CLAIM WILL BE DENIED**. *\*The school and parent should also keep a copy for their own records.\***

- 2) **Quick Claim Eligibility Criteria Checklist** (**ALL** are requirements in order for your claim to be eligible for reimbursement.)

- Accident/Injury occurred during school hours or while in attendance at a school associated/sponsored and supervised activity or event.
- Student Accident Form accurately completed and submitted **as soon as possible**. (No later than 90 days after the initial injury date.)
- Treatment for the injury/accident must begin **within 30 days of the initial injury date** by a licensed medical doctor, or your claim will be denied. (Emergency Room treatment must occur **within 72 hours** of the injury in order to be eligible for reimbursement.)
- The treatments or services that are benefits eligible for reimbursement must have occurred (expenses incurred) within the 52-week (1 year) post-accident/injury benefit period. Any expenses incurred after the 52-week benefit period are **not eligible** for reimbursement/payment and **will be denied**.
- Your primary insurance and any other available insurances must process the claim **first** prior to submission to ADL; otherwise, **your claim will be denied**. (*\*Exception: For Medicaid and Tricare, ADL should be billed as the Primary insurer.\**)
- All claims must be submitted/filed with ADL within 180 days of the end of the 52-week injury benefit period **or they will be denied**.
- All required documents, forms, and receipts, as outlined in the **Claims Processing Instructions** section on page 2 of these instructions, have been completed or obtained for submission to ADL.

- 3) Provide all medical providers/facilities with ADL's billing address and contact information (at the top of this form) as your secondary/student accident excess medical insurance processor, and ask them to bill us directly once all other available insurances have been filed. (See **Claims Processing Instructions** section on the following page, if the provider does not wish to file with ADL directly OR if the parent/guardian is seeking reimbursement for eligible out-of-pocket expenses.)

- 4) **Read carefully** and follow the **Claims Processing Instructions** on the following page, as well as the additional information provided below.

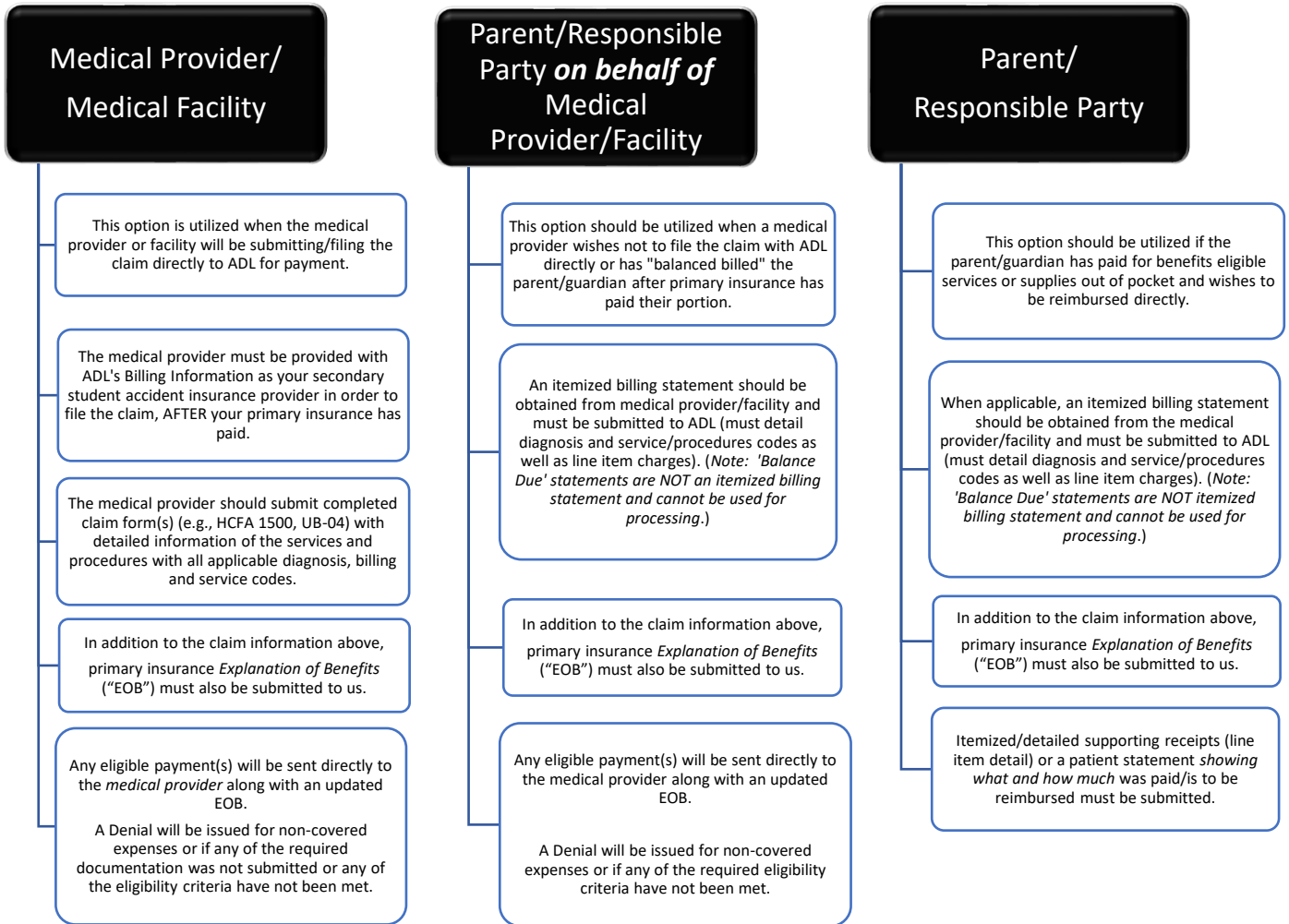
## **Other Important Information**

- This benefit plan is a **student accident, full medical excess** insurance plan, which means that benefits are provided **after** all valid and collectible insurances have processed the medical claim. It is **not** a major medical insurance plan and may not cover 100% of your out-of-pocket expenses, especially if you have not met your primary insurance's annual deductible or other out-of-pocket requirements.
- All submitted claims are subject to the Plan terms, conditions and benefits, as outlined in the coverage selected by the Planholder (your school or school district).
- **Dental Injuries:** This plan covers accidental injury to sound, natural teeth only. Primary dental and medical insurance should be filed **first** prior to filing with ADL, *with the exception* of Medicaid and Tricare.
- **Physical Therapy:** When related to rehabilitation after a surgical procedure, up to 25 visits are eligible for coverage. If visits are not surgical related, a maximum of 10 visits are eligible for coverage/reimbursement.
- **Concussion Visits:** A maximum of 3 visits are eligible for coverage/reimbursement.
- **Prescriptions/Medications:** Out-of-pocket costs that are not reimbursable by primary insurance for prescriptions prescribed by the medical provider overseeing the student's treatment may be eligible for reimbursement. An itemized pharmacy bill must be provided. Cash register receipts only are NOT acceptable.
- **This student accident benefit plan does NOT cover COVID-19 related medical expenditures.**

## Claim Processing Instructions

*The processes outlined below should be followed, if the remaining **Claim Eligibility Criteria** (Page 1) have been completed.*

### Who is filing for reimbursement?



**If you have any questions regarding eligibility or what is needed to process your claim after careful review of this document, please do not hesitate to contact us! Please have your claim information ready in order for us to provide you with prompt assistance!**

Phone: 844.350.9897 or Email: [Claims@ADLRS.com](mailto:Claims@ADLRS.com)