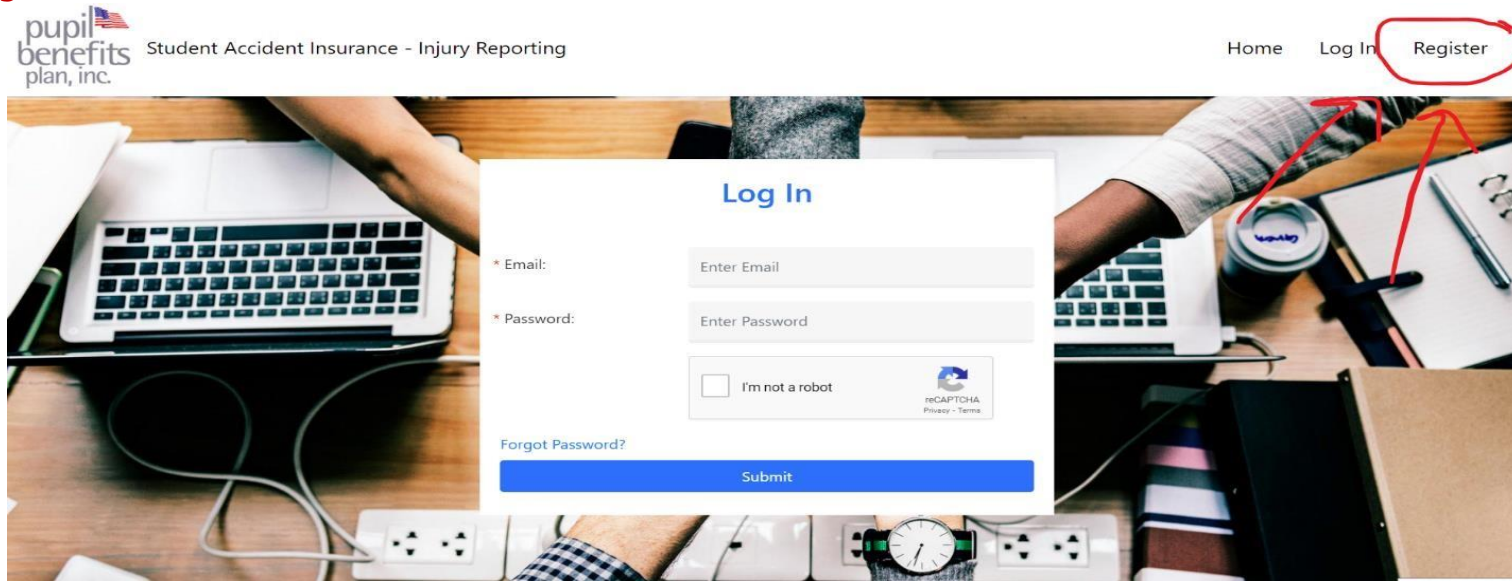
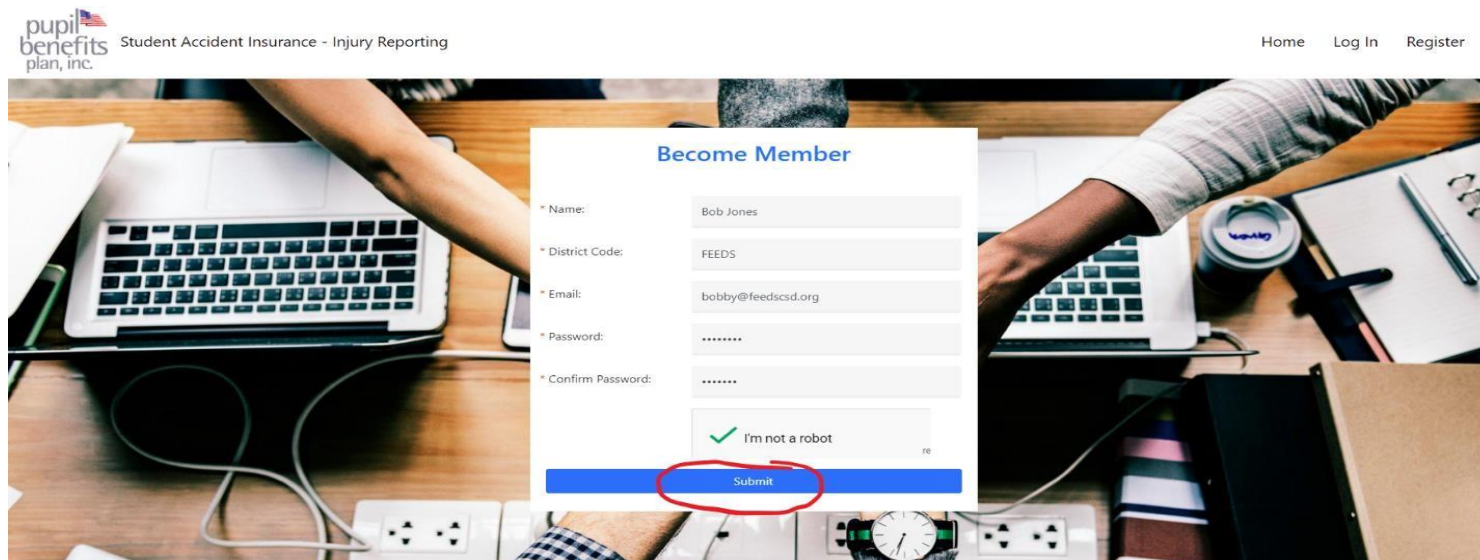


How To Register

Step 1: Go to: <https://injuryreporting.pupilbenefits.com> then click the "Register" button at the top right of the page



Step 2: Fill out the "Become Member" box – this should be your *first and last* name, District Code (this was sent to you via email), Your SCHOOL EMAIL ADDRESS **we do not accept personal emails**, a password (passwords are case sensitive), retype your password, check off "I'm not a robot" then click "Submit". ****TIP:** Write your password down so you do not forget it!



Step 3: A verification email will be sent to the email address you just registered with. Go to your email and click the activation link provided. Once clicked, you will be registered! *This link may come to your junk/spam folder so check there if it's not in your inbox.

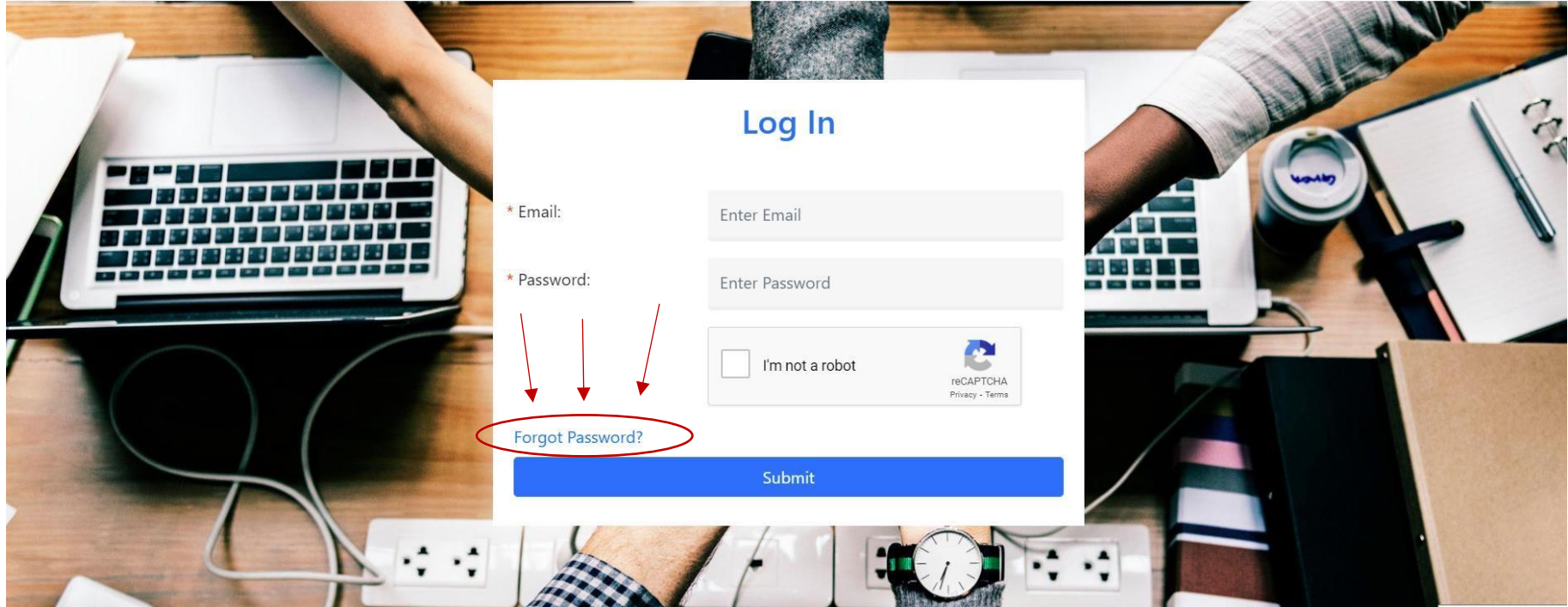
If you DO NOT receive an email, your IT department needs to "**WHITE LIST**" our email address: notifications@injuryreporting.pupilbenefits.com as it is being blocked by your spam filtering. Once this is done, you should not have any issues receiving our emails!

Once you have activated your account, refresh your browser and then you can log in! If you do not receive a link within a reasonable amount of time, please contact Pupil Benefits Plan, Inc. and we will assist you! (518) 377-5144



Student Accident Insurance - Injury Reporting

[Home](#) [Log In](#) [Register](#)



If you forget your password, you can click on the "forgot password?" to reset your password. You will be sent a temporary password to use.

Navigating the Portal

Once you log in, you will automatically be directed to your "Home" screen (pictured below). It will list all injuries the district has submitted to date. You will see listed, the "Student", "Injury Date", "DOB", "Requested Date", "By", and "Action". You can organize these tabs into ABC order by clicking the arrows next to them. The "By" tab will list any registered district employee who has reported an injury. You can also utilize the "Search" function to search any field for a quick look up (DOB, Student, Injury date, etc.). You can View/Edit a claim if you need to correct something in an already submitted claim. You are also able to reprint the Claim Form or the Parent Information Sheet if needed by clicking "Reprint".

pupil benefits plan, inc. Student Accident Insurance - Injury Reporting

Hi Home Injury Report Logout

Recent Submissions [New Injury Report](#)

District:

Show 10 entries Search:

Ctrl No.	Student	Injury Date	DOB	Request Date	By	Action
						View/Edit Reprint
						View/Edit Reprint

Showing 1 to 2 of 2 entries [Previous](#) 1 [Next](#)

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To fill out a claim form, you will click on either "Injury Report" at the top right of your screen, OR you can click "New Injury Report". They both take you to the same page!



Recent Submissions

New Injury Report

District:

Show 10 entries

Search:

Ctrl No	Student	Injury Date	DOB	Request Date	By	Action
---------	---------	-------------	-----	--------------	----	--------

View/Edit Reprint

View/Edit Reprint

Showing 1 to 2 of 2 entries

Previous 1 Next

Fill the form out in entirety!

Select the **Parent Language**. The language you choose will print out the Parent Section and the Information Brochure in the selected language. You can select English or Spanish

School Contact and Contact Phone should be the person filling out the form or the person Pupil Benefits can contact with any questions regarding the injury

First name/Last Name, Date of Injury, DOB, Grade and Gender should be the student's information

"Note:" Please be as specific as possible as to how the injury occurred

Submit Injury

District :

*Parent Language: English
*Learning Type: Classroom/In Person

*School Contact: School Contact
*Contact Phone: Contact Phone

*First Name: Enter Student First Name
*Last Name: Enter Student Last Name

*Date of Injury: MM/DD/YYYY
*Date of Birth: MM/DD/YYYY

*Grade: K thru 12
*Gender: Boy Girl

*Was the activity supervised by an employee of the district? Yes No

*Note: (Please be specific how the injury occurred). Please be specific how the injury occurred
500 characters Left

*Activity: Select
*Spec. Act: Select
*Location: Select

+ Add Another Injury

*Type of Injury: Select
*Part of Body : Select
*Side of Body : N/A

*Parent/Gaurdian: Parent / Gaurdian
*Parent Address 1: Enter Address
Parent Address 2: Enter Address 2

*City: Enter City
*State: Enter State
*Zip: Enter Zip Code

Submit

"Activity, Spec. Act. & Location": Use the drop down box to fill these fields out. If you are unsure of the specific activity or the location, use **"Unspecified"**

"Type of Injury, Part of Body, and Side of Body": Use the drop down box to fill these fields out. If you are unsure of the Type of Injury you can use "sprain" or "unspecified". Please be specific with the side of the body whether it's the left, the right, or for the head/ nose etc. it would be N/A

Please fill out the parent/ guardian information as best as you can as correspondence are sent out to the address listed.

Submit: Once you "submit" the claim, a PDF version of the Claim Form and the Parent Information Page will pop up – see next slide

****ONLY SUBMIT AN INJRUY ONCE!!** If you need to correct a previously reported injury, find the child/injury that needs correction, click "View/Edit", and then edit the section of the claim that needs to be edited. Once edited, click "Submit". Once you submit the corrected claim, Pupil Benefits Plan, Inc. is notified of the correction, and we will make changes on our part as needed!

After clicking "Submit", this is the PDF that will pop up. **Page 1** is the front portion of the Medical or Dental Claim Form which will have all the information you just filled out. **Page 2** is the "Parent Section". *If you select "Spanish" as the parent language, this will Print in Spanish.* **Page 3** is the Parent Information Page that states what benefits are covered under this policy. *If you select "Spanish" as the parent language, this will Print in Spanish.* **"The Claim Form, Parent Section, and Information Page needs to be given to the parent. The parent needs to fill out the Parent Section in entirety, leaving NO BLANKS and then the parent needs to send the Claim Form to Pupil Benefits Plan, Inc. to receive a Claim Number.** **Once the parents get a claim number from Pupil Benefits Plan, Inc., they can give that claim number to the doctors and tell them to bill us directly as a secondary insurance!

Microsoft Word - MedClaimForm2.docm

1 / 3 | - 56% + | [Save] [Print] [More]

CLAIM NO.

OFFICE USE ONLY

Control Code
462

PUPIL BENEFITS PLAN, INC.
Student Accident Insurance
101 Dutch Meadows Lane
Glenville, NY 12302
TELEPHONE (518) 377-5144
1-800-393-3301
FAX (518) 377-3291
www.pupilbenefits.com

pupil benefits plan, inc.

MEDICAL CLAIM FORM

SCHOOL SECTION

1. The school authority shall complete the top portion of this claim form. Please MAIL ORIGINAL claim form and print legibly.
2. Give original form to the pupil or send to the parent, along with a parent information brochure. The parent must mail original form to us.

School District	MADISON CENTRAL SCHOOL DISTRICT	Learning Type	Classroom/In Person
School Contact		Phone #	Grade 9
Student's Name		DOB	Jul 11, 2005
Date of Injury	Mar 18, 2021	Age	15
Activity	NA - NON-ATHLETIC	Bodily Part(s) Injured	EL - ELBOW: Left
Spec. Activity	NA - NOT APPLICABLE		
Location	ST - STAIRS		

State EXACTLY what student was doing and how the injury was sustained.
Student was walking up the stairs, his shoe caught on the edge of the step and it caused him to trip and fall on to his left arm.

Was activity supervised by an employee of the district? [] Yes [x] No
I certify that the above named student was enrolled in our district and verify the accident occurred as stated above.

Signature of principal or designated school authority: _____ Date: 05/26/2021

Parent:

Please attach your itemized bills (UB-92 & HCFA-1500) showing dates of service, with diagnostic & procedure codes on all charges. Balance due statements will not be accepted. Please attach primary insurance explanation of benefits or rejection notice for all charges if insurance is available.

PLEASE DO NOT LEAVE THIS FORM AT HOSPITAL OR DOCTORS OFFICE. THANK YOU.

Pupil Benefits Plan, Inc. is primary to Medicaid and Child Health Plus.
Claims must be filed with us in a timely manner.

MULTIPLAN
Call
1-800-544-3887
For
Network Referral

29135
1-800-658-3535
Medicaid/CHIP

PARENT SECTION

Students Name: Christian Haaver

DOB: Jul 11, 2005

You can "Save" the Claim Form to your computer by clicking the arrow, or Print the Page by clicking the printer button

This section should be signed by your school's principal or designated school authority, just like you did with the paper Claim Forms

To get back to your home screen, click the back button on your browser (top left corner) which will bring you back to injuryreporting.pupilbenefits.com

Tips and other Information:

- Once you fill out a Claim Form and click the "Submit" button, Pupil Benefits Plan is notified immediately that the school has reported an injury. This shows up in our system as an injury report. It will become an ACTUAL claim with a designated Claim Number once the parent submits the completed Parent Section of the claim form to us.
- Please ONLY submit an injury if you are reasonably certain the child will be seeking medical treatment in the future.
- Please only submit an injury ONCE! Do not submit multiple claims for the same child with the same date of injury! If you have reported the incorrect information on an already submitted claim and need to change it, you can do so by going to your "Home" screen, finding the child and click on the "View/Edit" button. By doing this, it will take you back into the "Submit Injury" page and you can correct the information that needs correcting. Once you correct the information, click "Submit" This will correct the claim on both your end and Pupil Benefits Plan's end. We are notified that the school has made a change to the injury. Once the claim is corrected, there is no need to do anything else as we are already notified of the change!
- ONLY SCHOOL DISTRICT EMPLOYEES should have access to this portal and should be filling out the claim forms. Please DO NOT give this information out to anyone other than district employees