



ACCIDENT MEDICAL CLAIM FILING INSTRUCTIONS

ADL Risk Services, Plan Administrator

556 Clay Street, Montgomery, AL 36104 P: 844.350.9897 Secure Fax: 334.649.7901

Email: 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). ***

Accident Form Submission Process & Eligibility Requirements

- ❖ Complete the required **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** to establish the claim. (One SAF form per injury.) **Do not expect or assume this form to be submitted by another individual (i.e., school rep, medical provider, etc.). ULTIMATELY, YOU, THE PARENT/GUARDIAN, IS RESPONSIBLE FOR PROVIDING THE PROPER DOCUMENTATION.** The school and parent or guardian should also keep a copy for their own records.

➤ Obtain the most current form from your school or from ADL's website.

- **SECTION 1:** to be **completed** and **signed** by the designated school official as soon as possible after the injury occurs.
- **SECTION 2 and 3:** to be completed by the student's parent or guardian.
- **SECTION 4:** Must be **completed** and **signed** by the parent or guardian. Signing the line for authorization allows ADL to communicate with the provider(s)/facilities concerning your claim.
- Do not wait to be billed by the medical provider before you submit the SAF.

Incomplete SAF's along with late submission is the most frequent reasons why claim payments are delayed. If you are not able to obtain your school's Plan ID#/Policy No. from your school's representative, please contact ADL to obtain it. If the injured student has no insurance available, state "no insurance" or "none" in the applicable field(s). ALL fields must be completed accurately, 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 the SAF should be sent to ADL Risk Services **as soon as possible** so that any eligible medical claims related to the injury does not result in delayed approval for processing. If the SAF is submitted **after 90 days** from the initial accident/injury date, **YOUR CLAIM WILL BE DENIED** and you will need to file an appeal for reconsideration.

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

- Accident/Injury occurred during school hours or while in attendance at a school associated/sponsored and supervised activity or event.
- *Student Accident Form* completed accurately 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 initial injury date in order to be eligible for reimbursement.*)
- All treatments or services related to the covered injury must have occurred within the 52-week period following the date of injury. Any treatments or services occurring after this 52-week benefit period will not be eligible for reimbursement/payment and **will be denied**.
- Your primary insurance and any other available insurance 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 (first payor)*]
- *Medical claims* related to the student accident for all treatments or services provided **during** the 52-week coverage period, **but** submitted to ADL **AFTER** the 52-week coverage period has expired, must do so **within** 180 days from the benefit expiration date 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.

- ❖ Provide all medical providers/facilities with a copy of the SAF, ADL's billing address and contact information (at the top of this form) as your secondary/student accident medical, full excess, insurance claims 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.)

- ❖ **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 excess** insurance plan, which means that benefits are provided **after** all valid and collectible insurances have processed the medical claim. It is **not** a comprehensive, major medical health insurance plan, nor an alternative for major medical health insurance plan/policy; benefits are limited 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/payment?

Medical Provider/Facility

filing directly to

ADL Risk Services, LLC (ADL)

(where services/procedures were provided to the student/athlete)

This option is utilized when the medical provider or facility will be submitting/filing the claim directly to ADL for payment.

In addition to the claim information above, the primary insurance *Explanation of Benefits* ("EOB") must also be submitted to us.

Any eligible payment(s) will be sent directly to the *medical provider/facility* along with an updated EOB.

A Denial will be issued for non-covered expenses or if any of the required documentation was not submitted or any of the eligibility criteria have not been met.

The medical provider/facility must be provided with ADL's Billing Information as your *secondary* student accident insurance provider in order to file the claim, **AFTER** your *primary* insurance has been processed/paid.

The medical provider should submit completed claim form(s) (e.g., HCFA 1500, UB-04) with detailed information of the services and procedures with all applicable diagnosis, billing and service codes (CPT/HCPCS).

Parent/Guardian

(Responsible Party)

filing on behalf of

Medical Provider/Facility

This option should be utilized when a medical provider wishes not to file the claim with ADL directly or has "balanced billed" the parent/guardian after primary insurance has paid their portion.

The parent/guardian must contact the medical provider/facility where services were provided to obtain the HCFA 1500/ UB-04 claim form(s) and submit to ADL.

(Note: The HCFA 1500/UB-04 claim form details diagnosis and service/procedures codes (CPT/HCPCS) as well as line item charges that are needed in order to process your claim.)

'Balance Due', 'Itemized Statement of Charges', 'Billing Summary', etc., does NOT provide all the necessary information in order to properly apply benefits.

If you are having difficulty obtaining the HCFA 1500/UB-04 claim form(s) from the medical provider/facility, please contact us directly at 844.350.9897 or email claims@adlrs.com for further assistance.

In addition to the claim information above, primary insurance *Explanation of Benefits* ("EOB") must also be submitted to us.

Any eligible payment(s) will be sent directly to the medical provider along with an updated EOB.

A Denial will be issued for non-covered expenses or if any of the required documentation was not submitted or any of the eligibility criteria have not been met.

Parent/Guardian

(Responsible Party)

filing directly to

ADL Risk Services, LLC (ADL)

This option should be utilized if the parent/guardian has paid for benefits eligible services or supplies *out of pocket* and wishes to be reimbursed directly.

The parent/guardian must contact the medical provider/facility where services were provided to obtain the HCFA 1500/ UB-04 claim form(s) and submit to ADL.

(Note: The HCFA 1500/UB-04 claim form details diagnosis and service/procedures codes (CPT/HCPCS) as well as line item charges that are needed in order to process your claim.)

'Balance Due', 'Itemized Statement of Charges', 'Billing Summary', etc., does NOT provide all the necessary information in order to properly apply benefits.

If you are having difficulty obtaining the HCFA 1500/UB-04 claim form(s) from the medical provider/facility, please contact us directly at 844.350.9897 or email claims@adlrs.com for further assistance.

In addition to the claim information above, primary insurance *Explanation of Benefits* ("EOB") must also be submitted to us.

Itemized/detailed supporting receipts (line item detail) or a patient statement *showing what and how much* was paid/is to be reimbursed must be submitted.

A Denial will be issued for non-covered expenses or if any of the required documentation was not submitted or any of the eligibility criteria have not been met.

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