

How to File a Claim

To process your claim please submit the following three pieces of information:

1. Completed and Signed Claim Form
2. Itemized Bills (Physician: HICFA-1500 and/or Hospital/Surgery: UB-04)
3. Explanation of Benefits (EOB's) from your Primary Insurance Carrier

INSTRUCTIONS:

1. **Coach/Athletic Trainer's/AD's Complete Claim Form:** Complete the school portion of the claim form in the event of an injury. Once completed by school personnel, give the Claim Form to the student/parent to complete.
2. **Parent Complete Remainder of Claim Form:** Parents are responsible for completing the remainder of the Claim Form!
 - a. The Claim Form enables us to open a claim for the treatment of your injury. To avoid delays in claim processing please be sure the "other insurance" portion of the claim form is completed in full.
3. **Parent Submit Complete Claim Form:** Parents are responsible for submitting the completed claim form to the carrier along with all other requested documents. Please go ahead and submit the Claim Form when complete even if you do not have the EOB's and/or Itemized Forms to go with it.

Note: When taking your child to a doctor/health care provider, please provide them with your personal family insurance information (primary), this letter, and a copy of the claim form. **The parent should inform the provider(s) to file to the carrier as Secondary Accident Insurance.**

- If the provider is willing to file to both primary and secondary, it will save the parents a lot of time tracking down EOB's and HICFA-1500/UB-04 forms.
 - If the medical provider will not file to the carrier directly, the parent will need to complete Step #4.
4. **Parent Submit EOB's and HICFA-1500/UB-04 Forms:** Submit the EOB's and Itemized Forms (HICFA-1500 and/or UB-04 forms) for services provided. Please submit with a copy of the claim form or write the Policy Number on all documents. The Policy # is: **36BSR103177 for Middle School/High School Sports, KAMC0000018519401 for Blanket Accident Catastrophic Middle School Sports, KAMV0000018093903 for Voluntary Accident Coverage**
 - i. **Explanation of Benefits** from the Primary Insurance Carrier
 - If you have other medical insurance, all medical bills must be submitted to the primary medical insurance carrier first for their determination of eligibility. If the charges are not paid in full by the primary medical carrier we will need to see a copy of the "Explanation of Benefits" from that carrier prior to any claims payout being issued.
 - If you have no primary medical insurance the need for an "Explanation of Benefits" will not be applicable to your claim.
 - ii. **Itemized Forms** (Physician Visit: **HICFA-1500** Form and/or Hospital/Surgery: **UB-04 Form**)
 - Account statements or "balance due" statements are helpful, but **do not** contain all the information needed to process the charges.

All claims documents should be emailed, mailed or faxed to (**Keep Copies of All Documents Submitted!*):

Email: kk.PAClaims@kandkinsurance.com

Mail:

K and K Insurance
Claims Department
1712 Mangavox Way
P.O. Box 2338
Fort Wayne, IN 46801-2338

Fax: 312-381-9077

Phone: 800-237-2917

Website: www.kandkinsurance.com

It takes 3-5 weeks to load and process claims and that is if they are provided complete and appropriate documents!! Therefore, it is very important to submit the requested documents as soon after the injury as possible. If A-G Administrators needs additional information, they will mail you a letter indicating what they need in order to process the claim. Please be on the lookout for correspondence from A-G Administrators.

Claim Inquiry or Status Contact: kk.PAClaims@kandkinsurance.com

**K and K Insurance
Phone: 800-237-2917**