

For the Medical Provider or Billing Office

The patient named in this claim is covered under a school-sponsored accident insurance plan through **Rancho Santa Fe School District**. This is secondary (excess) accident coverage, not to be confused with third-party liability coverage, which applies only when someone else is at fault. Though the school district is the policyholder, the injured student is the insured individual. For your reference, the policy number associated with this program is: **A2547591-113-SA**

Coordination Notes

If the patient has primary health coverage, please bill that plan first and include a copy of the Explanation of Benefits (EOB) when submitting to us. We will also make efforts to coordinate directly with the primary plan, but including the EOB in your submission helps expedite the process and ensures smoother coordination between all parties.

Summary of Benefits

Injury Medical Expense Benefit, including expanded medical benefits for conditions like bursitis, sprains, strains, hernias, muscle tears, tendonitis, and repetitive motion injuries.	100% of Reasonable and Customary charges up to \$25,000
Extent of Coverage	Excess
Shared Deductible per Occurrence	\$0
Maximum Coverage Duration	2 years after the date of the Eligible Accident
Loss Eligibility and Treatment Start Requirement	90 days
Injury Reporting Period to the School	60 days from the date of Injury.
Accidental Death & Dismemberment	\$10,000 plus up to \$5,000 Counseling Costs
Medical Expenses associated with Loss of Life in respect of Heart, Circulatory or Pulmonary malfunction within 72 hrs. of a covered, connected activity.	Up to \$10,000 plus up to \$10,000 Funeral Costs
Criminal Harm Assistance* Benefit	Up to \$5,000
Critical Acute Medical Event** Protection	Up to \$3,000

* An intentional act of violence directed at an Insured Individual that results in a physical Injury requiring medical attention. To qualify under this definition, the incident must be formally documented in writing with law enforcement by an authorized representative of the Policyholder within 24 hours of its occurrence.

** A sudden health condition of such severity that failure to obtain immediate medical care could place the Insured Individual's life at risk or result in serious harm to physical health.

Note: The school may have also purchased a separate catastrophic injury program that extends many of the benefits listed above. If you would like to confirm whether additional coverage applies, please contact us at the number or email provided.

Billing Setup

If benefits are assigned, payment will be issued directly to the provider. Please reference the school name when billing and submit required billing documents directly to the address or email below. Please add us as a payor in your system for the purpose of claims processing:

Davies Life & Health, Inc., A Third Party Administrator for:
Certain Underwriters at Lloyd's, London
1500 Main Street, Suite 1400, Springfield, MA 01115-5189

Phone: (800) 883-0596 | Fax: (413) 747-1545 | DLHSupport@us.davies-group.com

What to Submit

Please send itemized insurance billing forms, which include either CMS-1500 (for professional/clinic services) or UB-04 (for hospital/facility services). Unfortunately, statements, patient receipts, or balance summaries cannot be accepted in place as forms must include:

- Date(s) of service
- Diagnosis codes (ICD-10)
- Procedure codes (CPT/Revenue codes)
- Billed charges
- Provider Tax ID number
- National Provider Identifier (NPI)