Dear Parent:

Our school provides accident coverage for all students. Outlined below is important information regarding this coverage. It is intended as a brief description for reference only, and is not the policy.

Only **ACCIDENTS** that occur in school-sponsored and supervised activities including participants in interscholastic sports are covered.

DEFINITION OF ACCIDENT:

An unexpected, sudden and definable event which is the direct cause of a bodily injury, independent of any illness, prior injury or congenital predisposition.

Conditions that result from participating in an activity do not necessarily constitute accidents. For example, illnesses, diseases, degeneration, conditions caused by continued stress to a particular area of the body, and existing conditions aggravated by an accident are not covered.

A. This plan of insurance is **EXCESS ONLY**. It will not duplicate benefits paid or payable by any other insurance or plan including HMO's or PPO's.

B. The policy will not cover expenses payable under the insured's HMO (Health Maintenance Organization), or PPO (Preferred Provider Organization). If the insured chooses not to use an authorized medical vendor (under HMO or PPO), the policy will only cover expenses incurred that it would have honored had the insured used the proper medical vendor.

C. Medical treatment for a covered accident must begin within 60 days of that accident. Only expenses incurred within 52 weeks are considered. Benefits are determined on the basis of **REASONABLE AND CUSTOMARY** for the geographic location where services are performed.

D. Specific exclusions of the policy include, but are not limited to, sickness, disease, or hernia in any form; non-prescription drugs; fighting; and orthotics not prescribed exclusively for rehabilitation (e.g., playing brace, mouth guard).

E. Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information may be guilty of insurance fraud and subject to criminal and civil penalties.

HOW TO FILE YOUR **ACCIDENT** CLAIM FORM:

1. Please complete and submit claim form to A-G Specialty Insurance with itemized medical bills **AND** primary insurance explanation of benefits.

2. Send all claim forms and documents using our secure upload portal: A-G Administrators, Inc. Secure Upload.

3. For general questions, however, please contact A-G Specialty Insurance: https://claims.agspecialtyinsurance.com/ag-claim-status/ or (610) 933-0800.

A-G Specialty Insurance Claims
P.O. Box 21013, Eagan, MN 55121
Ph: (610) 933-0800, Fax: (610) 933-4122

How to File a Claim

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

1. Completed and Signed Accident Claim Form

2. Itemized Bills

3. Explanation of Benefits (EOBs) from student's Primary Insurance Carrier

In order to streamline the claims process, you should update A-G Specialty Insurance as your child's secondary insurance carrier with any and all providers they've seen or will see for this injury. The provider will then bill us directly with the required documentation above. Please contact the provider's billing department in order to update any insurance information. Our goal is to process claims as quickly as possible, and your assistance with the handling of bills as outlined above will accelerate the process.

These documents should be sent through our secure portal:

upload.agadministrators.com

Alternatively, they can be mailed, emailed, or faxed to:

A-G Specialty Insurance LLC
Claims Department
P.O. Box 21013
Eagan, MN 55121
Claims@agadm.com
(610) 933-4122 Fax

Contact us with questions at (610) 933-0800 or customerservice@agadm.com

1. The **Claim Form** enables us to open a claim for the treatment of your child's injury. To avoid delays in claim processing, please be sure the "other insurance" portion of the claim form is completed in full. The claim form must be signed by a school official.

2. **Itemized Bills:** We require copies of all medical bills, showing the name and address of the provider of service, date of service, body part treated, type of service, and the total charges. Account statements or "balance due" statements are helpful, but do not usually contain all the information needed to process the charges.

3. **Explanation of Benefits (EOBs):** If your child has other medical insurance, all medical bills must be first submitted to the primary health insurance for their determination of eligibility. If the charges are not paid in full by the other medical insurance carrier, we will need to see a copy of the Explanation of Benefits (EOB) from that carrier prior to our office issuing benefits. Your health insurance provider will send this in the mail soon after treatment, and you should have additional access to this document via your primary insurance's website or portal.