

Student/Athletic Accident Insurance 2026-2027

Park Ridge Board of Education has purchased insurance coverage to protect all students against accidental injury during all school sponsored and supervised activities. Please note:

The Master Policy is held by the Board of Education. The Master Policy provides complete information about the coverage, benefits, limits and exclusions. A Certificate of Insurance containing this information can be presented upon request.

This insurance plan will reimburse a claimant for eligible medical expenses that are not payable by the claimant's own healthcare plan (Full Excess Coverage). Submit all medical bills to your own healthcare plan first. The Accident Insurance policy can consider deductibles, coinsurance, and co-pays up to the limits of the policy.

Although this coverage is very broad, there are restrictions, limitations, and exclusions in this policy. In some situations, medical bills may not be covered in full. Parents should understand that medical expenses are their own responsibility, not the school's responsibility. Some of the important limitations of the plan are:

1. A \$1,500 Corridor Deductible applies which is the family's responsibility before the accident policy will make a payment.
2. Treatment must commence within 180 days of the date of injury.
3. Benefits are payable for eligible medical expenses incurred for up to 3 years from the date of injury.
4. Benefits may be reduced by up to 50% if a claimant is not treated in the primary healthcare plan provider network.

All injuries should be immediately reported to a coach, nurse or faculty advisor. Claim forms will be provided by the school, but it is the parents' responsibility to:

1. Obtain a claim form from Park Ridge Board of Education. Only one form is needed for each accident, regardless of the number of expenses incurred for the particular accident.
2. Part I of the claim form should be completed and signed by an official from Park Ridge Board of Education. Part I requests a description of how the accident occurred. Please check to see that a complete description is provided. For example, "Basketball" is not acceptable; however, "Twisted left ankle while playing basketball" is acceptable.
3. Part II of the claim form should be completed and signed by the claimant or the claimant's parent or guardian if claimant is a minor. All questions in Part II must be completed in order for the company to examine your claim. Please do not leave any questions blank. Part II includes the section entitled "Authorization to Release Information."
4. Itemized Bills must be submitted. Itemized Bills provide the dates of service, the procedure codes, the diagnosis and the charge(s). "Balance Due" bills are not acceptable because they do not provide all of the information needed to properly examine a claim.
5. When submitting charges for Physical Therapy, the itemized bill must be accompanied by the prescription and include the frequency and the duration of the treatment.
6. Submit copies of the Explanation of Benefits (EOB) statements from your own healthcare plan. The EOB's will show how much your healthcare plan paid for the services rendered and the amount which is your responsibility. There should be an EOB for each Itemized Bill you have submitted for reimbursement.
7. Mail or email the fully completed claim form, each Itemized Bill (and the prescription, if applicable) and the corresponding EOB to the following address: (Please include the Policy Number on all correspondence)

NAHGA Claim Services
P.O. Box 189
Bridgton, ME 04009
claims@nahga.com
Fax 207-647-4569
Phone 800-952-4320

For questions regarding your claim please call: 800-952-4320