

2026-2027 Online Claim Form Submission Procedure – TEXAS (does not apply to 24-hour coverage)

New process being implemented is to decrease the number of incomplete Claim Forms that are submitted. This process will also streamline the claim processing and reduce time spent completing the claim.

1. When an injury results, the School Official will obtain a Student Assurance Services “Proof of Claim” from the administrative side of our website.
 - a. This fillable form will be accessible on any platform the School Official uses (laptop, pc, tablet)
 - b. School Official will submit Part A once completed, and this will immediately be sent to the parent email address they have on file.
 - c. A LOCKED Part A Claim form will then be accessible to the parent along with the following message:

****TIME SENSITIVE MATERIAL INCLUDED. PLEASE READ FOLLOWING MESSAGE****

You are receiving this email because a School Official started a claim on behalf of your student’s sustained injury and outstanding information is requiring immediate action. Parent/guardian must complete all questions in Part B – Parent Statement.

Attached is Part A – Notice of Injury, completed by your School Official

This claim is not valid until Part B of this Claim Form is completed and submitted to Student Assurance Services, Inc. Upon your submission you will receive a follow-up email with “Next Steps”.

2. Parent/guardian will complete Part B
 - a. Once parent/guardian submits the form, a PDF file of the completed “Proof of Claim” will be sent to all parties (School Official, Parent, and Student Assurance Services)
 - b. PDF file can then be printed by whatever party and processed as needed. Parent/guardian will receive the following “Next Steps” message:

****TIME SENSITIVE MATERIAL INCLUDED. PLEASE READ FOLLOWING MESSAGE****

Thank you for your submission of the completed Student Assurance Services “Proof of Claim.” Your information has been forwarded to the enrollment department.

Next Steps:

1. Save this completed form for your records. Only one completed Student Assurance Services, Inc. (SAS) claim form for each accident needs to be submitted. Students must be treated by licensed physician or facility within the required time as stated in the policy.
2. Print copy(s) of this document to give to any/all providers treating your student. However, using this form is not a guarantee of benefits or confirmation of coverage under the plan.
3. At time of treatment, please request all providers treating your child submit itemized bills, along with primary insurance EOB (if you have any). **These itemized bills often called UB-04 or CMS-1500 must contain the provider address, date of service, procedure code, diagnosis code, and the provider’s federal tax ID number and NPI number.**

If you receive a bill, please contact that provider and request them to submit the above-mentioned to Student Assurance Services, Inc. directly. **Please note: Providers must submit charges via USPS mail.**

If provider is unwilling to bill secondary insurance, please request the UB-04 or CMS-1500 to be sent to you, so you can forward it onto SAS.

Submit copies of all bills to your primary family and/or group insurance first, even if you have a large deductible or copay. This plan is supplemental to all other insurance coverage except Medicaid or military. This plan does not cover penalties imposed for failure to use providers preferred or designated by your primary coverage.

4. Allow at least 30 days before checking claim status. You will receive a letter via USPS if more information is required.
5. **Preferred Provider Discount Program:**
Student Assurance Services, Inc. has contracted for fee discounts for services received from physicians and facilities participating in the LONESTAR network which is part of the USA Managed Care Organization Network (USAMCO). Please note that benefits are payable as described whether you use a LONESTAR preferred provider or not. However, it is to your advantage to use a LONESTAR preferred provider since your costs may be reduced. A directory of LONESTAR preferred physicians and facilities is available at the website www.Lonestarathletic.com.

If you have questions, please contact your School Officials or contact Student Assurance Services, Inc. during our normal business hours of Monday-Friday 8:00am-4:30pm CST at 1-800-328-2739.