STUDENT ACCIDENT CLAIM FORM

SUBMIT CLAIM FORM TO: **National Health Insurance Company**
c/o Universal Fidelity Life Insurance Company
P. O. Box 21570
Oklahoma City, OK 73156
Phone: (800) 366-8354 Fax: (580) 252-3449

Section 1 - Notice of Injury **(To be completed by School Official)**

Name of School District:

Name of School: School Phone No:

Name of Injured Student: ☐ Male ☐ Female Grade:

Date of Injury: Time of Injury: ☐ AM ☐ PM

Part of Body Injured: ☐ Right Side ☐ Left Side

Under whose supervision?

Was accident witnessed? ☐ Yes ☐ No If "Yes", by whom?

The accident happened while the student was participating in:
☐ Interscholastic UIL Activity ☐ Non Interscholastic UIL Activity

Specify Sport or Activity: _____

Explain in detail how and where the injury occurred: _____

_____

_____

_____

Signature of School Official:

_____

(Title) (Date)

********** SEE REVERSE SIDE FOR IMPORTANT CLAIM FILING INSTRUCTIONS **********

Section 2 - Parent/Guardian Statement **(To be completed by Parent/Guardian)**

Name of Student: Date of Birth: Home Phone No:

Is student covered by any insurance plan? ☐ Yes ☐ No If yes: Personal ☐ Medicaid ☐ Other ☐
Name of Other Insurance:

Parent/Guardian Name: Relationship to Student:

Mailing Address: _____
(Street/P. O. Box) (City) (State) (Zip)

Father's Name: Father's Employer:

Name of Father's Insurance Company (Must be completed - If father has no insurance - write "None") **Does this policy insure the student?**
Insurance Company: Yes ☐ No ☐

Mother's Name: Mother's Employer:

Name of Mother's Insurance Company (Must be completed - If mother has no insurance - write "None") **Does this policy insure the student?**
Name of Insurance Company: Yes ☐ No ☐

I hereby authorize any insurance company, their authorized agent, hospital, physician, employer, school official or other person who has attended or examined the claimant to disclose, when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records and itemized bills. A photo static copy of this authorization shall be considered as effective and valid as the original. I swear that the above information is true and correct to the best of my knowledge. **Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an Insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**

_____ _____ _____
(Date) **(Print Name of Student)** **(Print Name of Parent/Guardian)**

_____
(Signature of Parent/Guardian)

ATTENTION PARENTS

Dear Parents,

Below are instructions for filing the claim form. Should you have any questions, contact a district representative (athletic director, athletic trainer, coach, etc.) or call the number listed below. The district is **NOT** responsible for medical payments for your child. The district may have purchased a supplemental Accident-Only Policy, not sickness and illness, which has limits of how much it will pay. If you have insurance for your child, the district policy will pay after your insurance to help reduce service charges remaining for covered benefits. If you have no other insurance for your child, this policy may pay first or primary. The district policy is a limited accident-only benefit policy and it may not cover all medical bills for your child. Any charges not paid by insurance are **YOUR RESPONSIBILITY.**

For all school-related accidents, be sure to contact a district representative (athletic trainer, coach, or administrator).

IMPORTANT INSURANCE TIPS

Regardless of whether your child has insurance or not:

- Treatment by a licensed doctor must occur within 90 days from the date of the injury.
- Filing of a fully completed and signed claim form by the district and parent/guardian must occur within 90 days from the date of the injury. (Parent/guardian should submit form to claims administrator.)
- Filing of all bills for provider services must occur within 90 days from the date of service. It is the parent/guardian's responsibility to follow up with each provider to make certain bills are submitted on time.

INSTRUCTIONS FOR FILING THE CLAIM FORM

- A completed and signed district claim form (by the parent/guardian and district official) must be sent to:

National Health Insurance Company
c/o Universal Fidelity Life Insurance Company
P. O. Box 21570
Oklahoma City, OK 73156
Phone: (800) 366-8354 Fax: (580) 252-3449

- Claim form may be scanned and sent electronically to **SAclaims@uflic.com** to expedite payment of the claim as bills are submitted. Be sure to include the following information with all documents/forms submitted to the claim administrator: 1) the name of school district, 2) the name of the school, 3) the name of the injured student, and 4) the date of the accident. **DO NOT RELY** on the provider or facility to submit the claim form.

  - If your child has insurance (personal or other medical coverage), then you must comply with the provisions of your child's insurance.
    - File all bills with your child's insurance first.
    - Submit copies of all Explanations of Benefits (EOB) to the district's claim administrator as you receive them.
    - Leave a **copy** of a completed district claim form with each provider.
    - Request each provider submit paper copies of all UB92 or HCFA 1500 forms (electronic form filing not available) for their services to the district's claim administrator. (Address is indicated on claim form.)

  - If your child has no insurance (personal, Medicaid, or other medical coverage), then
    - Leave a **copy** of a completed district claim form with each provider (notify provider or facility if child has Medicaid).
    - Request each provider submit paper copies of all UB92 or HCFA 1500 forms (electronic form filing not available) for their services to the district's claim administrator. (Address is indicated on claim form.) Parent/guardian must follow up with each provider to make certain bills are submitted on time.

Texas Kids First has unique access to one of the most creative innovations in the insurance industry – the Texas Kids First Provider Network (TKF Network)* – a network consisting of medical professionals and hospitals that have agreed to treat injured students from our insured districts for the services paid and outlined in the Schedule of Benefits of the Texas Kids First Student Accident Plans.

Districts that purchase accident insurance with Texas Kids First obtain access to the provider directory on our website, www.texaskidsfirst.com. A district representative should contact providers in your area to verify full assignment acceptance prior to making an appointment.

*The TKF Network is made available by Texas Kids First and is not affiliated with National Health Insurance Company.

FRAUDULENT CLAIM DISCLOSURE

Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.