

Student Accident Insurance Instructions for Filing a Claim

The accident insurance plan is designed to cover all enrolled students of the policyholder while they participate in policyholder sponsored and supervised activities. The plan will reimburse claimants for eligible expenses which are not payable by your healthcare plan or any other insurance plan providing reimbursement for medical expenses. Therefore, prior to filing a claim against the accident insurance policy, you must first file the claim with your own healthcare plan. Please observe the following claim filing procedures: **(Please include the policy number on all correspondence to facilitate the handling of your claim)**

1. Obtain a claim form from the School. Only one form is needed for each accident, regardless of the number of expenses incurred for the particular accident. **(Claim form must be submitted within 90 days of the accident)**
2. Part I of the claim form should be completed and signed by a School official. 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's parent or guardian. 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. (Bills must be submitted within 12 months of the date of service)
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 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)**

AGIA, Inc.
P.O. Box 9851
Phoenix, AZ 85068-9851

Please remember, the policy is an Accident insurance policy. It does not provide reimbursement for illness or for injuries that are not the result of an Accident. It is subject to exclusions and limitations. The policy may also contain a deductible which may be the claimant's responsibility.