



GOODWIN & GRUBER AGENCY
300 McKnight Park Drive
Pittsburgh, PA 15237
Telephone 412.366.5080 / Fax 412.369.8013

SCHOOL CLAIM PROCEDURE

**TOP SECTION
FOR SCHOOL**

To be completed and **signed** by a school official. **Please make sure the date of accident is correct.**

**BOTTOM
SECTION
FOR PARENT**

Important – Must be completed in full and **signed** by parent or guardian, otherwise claim form will be returned. Please make sure your name, address, and phone number are included. **Please sign all 3 places.** Do not leave any spaces blank.

**REVERSE
SIDE**

Complete the reverse side only for dental claims.

IMPORTANT

DO NOT leave claim form at hospital. **Itemized bills including UB-04, UB-92 HCFA-1500 or CDT codes and Explanation of Benefits forms from your primary carrier are required.** Attach both for each date of service with the completed claim form and forward to our office at the above address. Please sign the authorizations, as we cannot request invoices without your signature.

**ADDITIONAL
BILLS**

DO NOT complete a new claim form for additional bills. Please note the name of the School District on any additional bills you send to our office. All bills must be **itemized** and the **Explanation of Benefits** form must be included for each date and service.

PLEASE NOTE

This is an **ACCIDENT POLICY**. Claims for sickness, disease, etc. will not be honored. **The athletic insurance is secondary to parents' insurance.**

**IF PARENTS HAVE HMO COVERAGE, HMO PROCEDURES MUST BE FOLLOWED.
OUT OF NETWORK SERVICES WILL BE PAID AT 50% OF THE USUAL AND
CUSTOMARY FEE SCHEDULE.**

The original claim form must be submitted within 90 days from the date of injury.

If you have any questions, please contact our office.