

Portage Area School District

Student Accident Claim Procedures

Please follow the procedures as summarized below. If you do not follow these instructions, your claim may not be paid.

1. Submit all itemized bills to both your family insurance carrier and this insurance carrier for your school student accident. * *Itemized bills list diagnosis & procedure codes as well as the tax ID for the doctor/hospital on the bill. You may need to request itemized bills from your doctor or hospital.*
2. If your family insurance carrier is an HMO or EPO, contact your Primary Care Physician **immediately**. Failure to do so may result in the claim being denied or a reduced benefit.
3. Your family insurance carrier will send you an Explanation of Benefits (EOB) listing the payments made by them. Forward the EOB along with all unpaid itemized bills and the completed claim form to the claim administrator to the address listed below. The original claim form must be submitted within **90 days** from the date of injury.

*Goodwin & Gruber Agency
McKnight East, 300 McKnight Park Drive
Pittsburgh, PA 15237-6534
Telephone 412.366.5080
Fax 412.369.8013*

COMPLETION OF THE FORM:

- Part I – To be Completed and **signed** by a school official.
 - Part II – Must be completed in full and **signed** by parent or guardian, otherwise claim form will be returned. Please make sure your name, address & phone number is included. Do not leave any spaces blank. **Verify that the date of injury is correct.**
 - Important – **Please sign the authorizations as we cannot request invoices without your signature.** Do not leave claim form at hospital. Itemized bills including UB-04, UB-92, HCFA-1450 or CDT codes and Explanation of Benefits from your primary carrier are required. Attach both for every date of service with the completed claim form and forward to our office at the above address.
 - Additional Bills – **Do not** complete a new claim form for additional bills. Please note the name of the patient, date of the accident, and 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.
 - Please Note – This is an **Accident Policy**. Claims for sickness, disease, etc. will not be honored.
 - Please Note – The athletic insurance is secondary to parents' insurance.
4. If you do not have family health or other collectible insurance, send the signed & completed claim form to the address above with all itemized bills, receipts, etc. for processing.

When an Insured is eligible under the policy for benefits in excess of other coverage and the Insured has other coverage that is primary under an HMO, EPO, PPO, or similar health service program, a penalty will apply if he or she does not use the facilities or services of the HMO, EPO, PPO, or similar health service program. In such case, the benefits otherwise payable under the Excess provision in the policy will be reduced by 50%. This reduction shall not apply to emergency treatment required within 24 hours of an accident when the accident occurs outside the geographic area served by an HMO, EPO, PPO, or similar health service program.