**(SCHOOL NAME)**

## PARENT LETTER - INSURANCE CLAIM FORM

RE: How to File a Student Accident Claim

Dear Parent/Guardian:

In the event of an accidental injury to your child while participating in a school sponsored and supervised activity, and when you have incurred medical expenses, you need to file a student accident claim.

The student accident insurance is excess coverage (secondary insurance). This means that you must submit medical expenses to your own personal health insurance carrier first (primary insurance), and then to the student accident carrier.

The School will complete Part 1 of the claim form and the Parent/Guardian completes Parts 2, 3 and 4. Attach copies of itemized medical bills (showing treatment codes) and any Explanation of Benefits (EOB’s) received from your personal health insurance carrier(s). An itemized medical bill includes specific patient and medical provider data. Please ask your medical provider to submit standardized billing statements (UB04 for hospital charges and HCFA 1500 for physician charges) to expedite claim processing and payment. “Balance Due” statements often do not provide enough detail to process the claim.

Send the completed and signed claim form, itemized bills and Explanation of Benefits to:

NAHGA Claim Services

P.O. Box 189

Bridgton, ME 04009

[claims@nahga.com](mailto:claims@nahga.com)

Fax 207-647-4569

Phone 800-952-4320

If you have additional bills or information you need to send later, please write the policy number (9907-21-52) at the top of the bills or correspondence and mail to NAHGA Claim Services at the address above.

Payments will generally be sent directly to the medical providers unless proof of prior payment (copy of check, zero balance information on EOB) is submitted with the claim.

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| If you have any additional questions feel free to call our accident insurance agent, Rebecca Lindsay, Walsh Duffield Cos., (716) 362-7368. |

Sincerely,

John M. Scholl, CPCU, AIM

Director of Insurance Services

Diocese of Buffalo

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**Notice to New York Claimants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.