HOW TO FILE A CLAIM:

1. Complete this form within 90 days.
2. Attach Itemized Bills and Primary Carrier Statements
3. Send to: Gallagher Student Health, 500 Victory Rd. Quincy, MA 02171 PH: (877-345-8928) FAX: (617-479-0860) OR EMAIL: specialrisk@gallagherstudent.com

Gallagher Student/BMI Benefits Accident Claim Form

Got You Covered

ANY PERSON WHO KNOWINGLY AND/OR WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY OR OTHER PERSONS FILES A STATEMENT OF CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION, MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO CRIMINAL AND SUBSTANTIAL CIVIL PENALTIES.

This part must be completed and signed by an official of the policyholder or the claim cannot be processed

PART 1A: POLICYHOLDER

Organization **California Charter Schools JPA** School: _____ Policy# **11KTT8190005**

School Mailing Address City, State, Zip

Injured Person's Name Birth date Male ☐ Female ☐

Date of Injury Time Part of body injured Type of Sport/Activity: If a sports injury list sport name:

If not sports related select activity: ☐ Classroom ☐ PE Class ☐ Recess
☐ Zip lining ☐ Rope Course ☐ Trampolines ☐ Horseback Riding ☐ Inflatable Devices
☐ Dunk Tanks ☐ Scuba Diving ☐ Rock Climbing ☐ Paintball/Airsoft ☐ Bungee Jumping ☐ Other

How did Injury occur?

Accident Type: Interscholastic ☐ Classroom ☐ PE Class ☐ Recess ☐ Other ☐

At the time of the injury, was the injured involved in an activity sponsored and supervised by the policy holder? YES ☐ NO ☐

Name of Supervisor Was he/she a witness to the accident? YES ☐ NO ☐

Signature of Supervisor/Official Title Date

PART 1 B: INJURED PERSON'S INFORMATION
THE INJURED PERSON'S SOCIAL SECURITY NUMBER MUST BE PROVIDED AS REQUIRED BY THE CENTER FOR MEDICARE SERVICES

Injured Person's Social Security Number

Injured Person's Home Address (Street, City, State, Zip)

Are you covered by any other insurance policy, either as a dependent, group, individual, automobile medical or liability YES ☐ NO ☐

If Yes: Name of Insurance Carrier _____ Policy #: _____

Is the above insurance a Medicaid Plan or a Military Insurance such as Tricare YES ☐ NO ☐

PARENT/GUARDIAN INFORMATION

Father/Guardian Name	Mother/Guardian Name
Address (Street, City, State, Zip)	Address (Street, City, State, Zip)
Home Phone	Home Phone
Is the Father Employed? YES ☐ NO ☐	Is the Mother Employed? YES ☐ NO ☐

SECTION A (INSURED/FATHER)	SECTION B (SPOUSE/MOTHER)
Employer	Employer
Address (Street, City, State, Zip)	Address (Street, City, State, Zip)
Business Phone	Business Phone
Insurance Company Policy#	Insurance Company Policy#

MEDICAL INFORMATION AUTHORIZATION ASSIGNMENT OF BENEFITS:

You are hereby authorized to furnish at the request of and to BMI Benefits, LLC or the underwriting companies with which it works, information which you may possess; including findings and treatment rendered, X-rays and copies of all hospital and medical records, all occasioned by professional services and hospital care rendered on my behalf. The foregoing authorization is granted with the understanding that any legal rights I may ordinarily have to claim communications between us as privileged are hereby expressly and voluntarily waived. A Photostat of this authorization shall be considered as effective and valid as the original, PAYMENT WILL BE MADE TO THE PROVIDERS OF SERVICE (HOSPITAL, PHYSICIAN AND OTHERS), UNLESS A PAID RECEIPT OR STATEMENT ACCOMPANIES THE BILL AT THE TIME THE CLAIM IS SUBMITTED.
New York: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Claimant or Authorized Person's Signature Date

Gallagher | STUDENT HEALTH & SPECIAL RISK

Student Accident Insurance Claim Form Instruction Sheet

1. **Gallagher Student Health & Special Risk/BMI Benefits Accident/Injury Claim Form:** Part 1A must be completed and signed by the school. All other sections must be completed by the parent/guardian. If you are employed, but do not have insurance, please state "NO INSURANCE" and provide us with a statement from your employer noting that the claimant has no insurance. Otherwise, our office will submit an insurance questionnaire to your employer to be used as verification of no dependent coverage.

2. **Ensure you give the medical provider Gallgher Student's information for billing purposes (see below). The provider will then submit all necessary paperwork for processing claims.** If you choose to submit claims yourself, you must attach copies of your primary carrier's Explanation of Benefits (EOB) and all itemized medical bills (known as Fifteen Hundred or UB form). The itemized medical bills should show the ICD-9 and CPT codes for the services provided, as well as other necessary information for insurance processing. **Balance due statements are not itemized bills.**

3. If you have already paid the medical service provider and wish to be reimbursed directly, please attach a paid receipt or statement that verifies the payment along with the itemized bills and primary EOBs.

4. Submit the completed claim form to Gallagher Student Health & Special Risk. Claims can be submitted via mail, fax, or e-mail.

Fax	Mail	Email
617-479-0860 Attn: Special Risk Dept	Gallagher Student Health & Special Risk - Special Risk Dept 500 Victory Road Quincy, MA 02171	specialrisk@gallagherstudent.com

5. You may contact Gallagher Student Health & Special Risk at 877-345-8928 to discuss your claim. Please be aware that settlement of your claim may take several weeks to process. When contacting Gallagher Student Health & Special Risk, please have your claim form available to ensure prompt assistance.

K-12 Accident Insurance Program FAQs

Why is my child's school providing student athletic accident insurance?
Many health insurance plans have high deductibles and plan limits that leave parents with high bills resulting from an unexpected accident. This excess policy, provided by the school, protects students and families from the costs associated with school-time athletic injuries.

Who is Gallagher Student Health & Special Risk and BMI Benefits?
Gallagher Student Health & Special Risk manages the student accident insurance program for the school. You will submit all claims to Gallagher Student Health & Special Risk. Gallagher Student Health & Special Risk will make sure to that all claims are complete for submission to the claims administrator, BMI Benefits. BMI Benefits is the claims administrator which actually processes the medical claims.

Does primary insurance always have to pay first?
Yes. Medical claims must always be submitted initially to your primary insurance policy. Any remaining balance of expenses not covered by your primary will be submitted to the excess policy. The policy will cover the remaining balance of eligible expenses up to the plan maximum.

Does the accident insurance policy pay for up front out-of-pocket expenses such as co-pays and deductibles?
Yes. These charges can be submitted to the accident insurance policy to provide reimbursement for out-of-pocket expenses.

What documents are needed to process a claim?
If your student is involved in an athletic injury, the following documents are needed to properly process a claim:

- **Fully completed Insurance Accident Claim Form** – available through the school's administrative office.
- **Itemized Bill – called Fifteen Hundred or UB form**. This can be obtained through the provider. **DO NOT SEND** cash receipts, balance due, balance forward, or past due statements for claims processing or payment. An itemized bill (Fifteen Hundred or UB form) contains the following information:
    - Provider's Name, Provider's Address, Tax ID Number
    - Date(s) of Service, Type of Service(s) Rendered including CPT and ICD-9 Codes
    - The Fee for Each Procedure
- **Primary Insurance Explanation of Benefits (EOB)** – you should receive a copy of this from your primary insurance carrier.

Where do I send all of these documents?
Please send all claim forms and other correspondence to Gallagher Student Health & Special Risk.

What insurance information do I have to give a provider?
When you go to hospital, Doctor's office, PT clinic, etc, you must remember to tell them you have secondary insurance through your schools student accident medical insurance policy. Instruct the provider to bill your primary insurance first and then send the primary EOB and the itemized bill to Gallagher Student Health & Special Risk. If you did not submit the secondary insurance information upon your first visit, please call the provider and tell submit the secondary insurance information to them. If the provider bills the school's student accident insurance policy directly, this will prevent a balance due statement from being sent to the student/parent.

What can cause a delay in processing and paying a claim?
The claims administrator cannot process a claim that is missing one or more of the following documents: the accident/injury claim form, the Itemized Bill or the Primary EOB / denial. We cannot accept balance due, balance forward, or past due statements for claims processing.

Who can I contact if I have any questions?
If you have questions after you submit your claims to Gallagher Student Health & Special Risk, please contact them at 877-345-8928.

charterSAFE

Student Injury Incident
Policy Year: 7/1/18-6/30/19

This is an excess student accident insurance policy for injuries incurred while at school or during a school-sponsored activity. All other valid & collectible medical and dental insurance policies must be utilized prior to consideration of this policy.

Excess Insurance – Gallagher Student Health & Special Risk
C/O Special Risk Dept.
500 Victory Rd. Quincy, MA 02171
PH: 877-345-8928 / FAX: 617-479-0860
Policy #: 11KTT8190005

Insurance Questions?
Contact Gallagher Student Health & Special Risk - 877-345-8928