

## Student/Athletic Accident Insurance

Your school has purchased accident insurance coverage to protect all students involved in any school sponsored and supervised activities including sports against **accidental injury or death** occurring while the policy is in force. Coverage is provided by **Bollinger Specialty Group**. Usual & Customary benefits are provided on a full excess basis.

**If your primary medical coverage is an HMO or similar plan, it is recommended that you follow their rules and guidelines for obtaining benefits. If the HMO or similar plan is not utilized, you could incur out of pockets expenses resulting from charges that are over the usual and customary benefit.**

Following is an example of how a **Full Excess** claim is handled. A student incurs medical expenses of \$100.00 for treatment of an injury sustained during recess. The student's parents have private group insurance. The medical bills must first be submitted to the parent's insurance, being the primary carrier. The primary insurance pays \$65.00 of the bill and sends an explanation of benefits (EOB) to the parents. The parents then submit a copy of the original bills along with a claim form and the primary insurance EOB to **Bollinger Specialty Group**, who may then pay up to \$35.00 (the amount of covered expense that is "in excess of medical expense paid by another plan providing medical benefits.")

### Claims Instructions

**In case of accident, notify the school immediately. You may obtain a claim form from the school or you may download one from [www.BollingerSchools.com](http://www.BollingerSchools.com).**

- The claim form must be submitted within **90 days** from the date of accident.
- Treatment must commence within **90 days** from the date of injury.
- Attach itemized bills (**CMS-1500 form for physicians & UB-04 forms for Hospitals**) showing treatment, dates of treatment, and charges. **Balance due bills will not be accepted.**
- Attach copies of the corresponding primary insurance's explanation of benefits (EOB).
- If there is no primary insurance through the parent or guardian's employer, a statement of verification from employer on their letterhead must also be submitted.
- Itemized bills and explanation of benefits must be submitted within **90 days** from the date of treatment.
- Forward additional bills and EOB's to: **Bollinger Specialty Group, P.O.Box 1346, Morristown, NJ 07962.**
- Please note the name of school district on all bills and correspondence. **NO ADDITIONAL CLAIM FORM IS NECESSARY.**
- It is the parent's responsibility to complete Part I of the claim form and submit the claim form to Bollinger Inc.
- Do **NOT** leave original claim form at the hospital or physician's office.
- You may provide **copy** of the claim form to the hospital or physician's office so they can bill Bollinger directly.
- Any questions regarding claim reporting or issues with the processing of claims through Bollinger, contact **Stephanie Brown** at **A.J. Gallagher**, the School District's Insurance Agent, by phone toll free at (609) 430-4103 or by claims fax (609) 924-9221.
- If you have any questions, once your claim has been submitted and processed by Bollinger, please call the Bollinger the Claims Department toll free at **(866) 267-0092.**