

HOW TO FILE A CLAIM

Claim Forms

- ◆ Please complete all sections on the Claim Form. Incomplete Claim Forms submitted to Summit America Insurance Services will result in a delay.
- ◆ All correspondence should include the INSTITUTION'S NAME & POLICY NUMBER.
- ◆ The Claim Form must be completed and signed **by the student** within 90 days from the date of loss. If necessary, itemized bills and explanation of benefits can be submitted at a later date.
- ◆ An **authorized** person from the Institution is required to sign the bottom of the claim form.

Primary Insurance

- ◆ **Verification** of primary insurance coverage is **required** for all students 23 years of age or younger. The insurance section on the Claim Form **MUST** be completed with parent employer and insurance information for BOTH parents. Married students must provide information on their spouse. N/A is not acceptable. Incomplete claims are returned or placed on hold until the claims administrator receives all the information.
- ◆ **Covered By Another Plan:** If the student has other insurance coverage, the student **must submit all charges to that carrier first**. After the other carrier has paid its full liability, Summit America Insurance Services will need copies of the insurance carrier's Explanation of Benefits (EOB) as well as a copy of the itemized bills.
- ◆ **Covered By an HMO, PPO/Similar Arrangement:** If an HMO, PPO, or similar arrangement covers the student, that plan **MUST** be utilized for surgery. **Failure to comply with the primary health care's policy provisions will result in a 50% benefit reduction.**
- ◆ **No Other Insurance:** If the student is not covered under any other health plan, a **letter** denoting lack of coverage is required from the parent's employer or insurance carrier. The claims administrator does not request this information for you. This is the Insured student's responsibility. **Claims without insurance status verification will be denied.**

Itemized Bills

- ◆ All insurance carriers require **ITEMIZED** bills. Itemized bills provide the student's name, date of service, diagnosis (ICD Code), description of services rendered (CPT Code), provider's name, address and tax identification number. The HCFA-1500 and UB-82 & 92 are standard insurance billing forms.
ONLY ONE CLAIM FORM PER ACCIDENT OR SICKNESS PLEASE!

CLAIMS PROCESSING

Delays

- ◆ If all information on the claim form is not completed at the time of submission, Summit America Insurance Services, the claims administrator, will hold the claim and request the missing information. If no response is received within 30 days, the claim is denied.
- ◆ Requests for medical records, where surgery was required, may delay the determination process. If you have access to those records, please submit them with the claim.

Payment

- ◆ All payments are made directly to the medical provider unless a paid receipt is submitted with the charges. The student will receive a copy of the Explanation of Benefits (EOB) when payment is made. The institution will have access to what has been paid for every claim.

Denied Claims

- ◆ Claims that do not meet the Policy provisions will be denied. Due to the Federal Privacy Act, the claims administrator is prohibited from duplicating and sharing medical records used to determine eligibility. They are able to provide the Insured with the name of the medical provider whose records were used in making the determination.
- ◆ Only services that are medically necessary to effect a cure are covered by the Policy. In addition to medical necessity, benefits are issued for charges that fall within **Usual and Customary (U&C) fee schedule** for services rendered in that geographical area. Expenses beyond the U&C are the patient's responsibility.

Late Claims

- ◆ Claims must be filed within 90 days from the initial treatment. The 90-day deadline is extended to six months for those students that are insured by another carrier. *Claims and bills* received after 90 days will be denied.