

HOW TO FILE A CLAIM – International Students

Claim Forms

- ✓ Please complete all sections on the Claim Form. Incomplete Claim Forms submitted to the claims administrator will result in delay.
- ✓ All correspondence should include the INSTITUTION'S NAME & POLICY NUMBER.
- ✓ The Claim Form must be completed and signed **by the student** within 180 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 top of the 2nd page of the claim form.

Primary Insurance

- ✓ **If You Are 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, the claims administrator will need copies of the insurance carrier's Explanation of Benefits (EOB) as well as a copy of the itemized bills.
- ✓ **If You Have No Other Insurance:** If the student is not covered under any other health plan, please be sure to check box number 12 in Part 1 of the claim form noting you are an International student. NAHGA Claim Services will process the claim accordingly. If that box is not checked, the claim will be held for other insurance information.

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 is not included with the Claim Form at the time of submission, the claims administrator will hold the claim and request the missing information. If no response is received within 30 days, the claim is denied. The institution will receive a monthly pending report listing all open claims pending information.
- ✓ 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 receive a monthly payment summary.

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

A claim form must be filed within 180 days from the initial treatment. Claims forms received after 180 days will be denied. After a claim form has been submitted the claims administrator must receive all subsequent medical bills within 6 months from the date of service.