**The First Steps**

* **Notification of Claim Form**
1. This form should be completed and submitted by the Athletic Trainer or other Delegated Authority on the date of the Injury, before the Athlete visits a provider. This form provides us with the information we need to process your Athletic Claim on a timely basis. ***Failure to file this form prior to the submission of an athletic claim forces undue delay in the processing of your Athletic Claims while our claim department requests and waits for the information from your athlete****.* Please be sure to detail accident information, include part of the body, how the injury occurred and the particular sport. A separate claim form (Part1A) is required for each injury.

1. Please have the student complete Part1B of our Notification of claim form in full (Parent/Insured Information). We recommend that medical history and parent insurance information forms be completed prior to any athletic participation. Please keep this information on file in your office. If your institution provides their own parent insurance information forms, please attach a completed copy to Part 1A of our Notification of claim form. If there is no evidence of other valid and collectible insurance, we must still receive the completed form to process any claims. If you do not have this information on file, Part 1B must be completed in full before any payment of benefits can be considered. If your athlete’s only other insurance is Medicaid, in Part IB, please list “MEDICAID ONLY”. Please be sure to provide your athlete with a copy of the signed Notification of Claim Form to be given to the provider for their submission with the actual claim.
2. If the student does not have contact with a parent, please indicate this in Part1B. Students that are independent of their parents need to write a short letter indicating this information. The letter must be signed by the student and dated.
3. Please have the student sign and date the portion of the claim form indicating “Medical information authorization/Assignment of benefits”.
* **Claim Submission Information Form**

This form should be provided to your athlete to be given to the provider to supply accurate instructions on how to submit the claim on behalf of your athlete.

**ITEMIZED BILLS**

1. Attach itemized copies of all applicable bills, including those bills under any deductible your plan may have. Also, include those bills paid partially or in full by other insurance. Bills showing only “Balance forward” or “Balance due” are not acceptable.
2. An itemized bill indicates the provider of service’s full name and mailing address, type of service, date of service, fee charged and diagnosis. We will request any missing information from the provider of services. To assure quick processing, please be sure that the bill and the insurance statements submitted are for the same item. You will receive a copy of any correspondence. Feel free to offer our toll free number to any provider who wished to contact us.
3. When sending additional bills and other insurance statements, please identify your school’s name and the name of the injured athlete
* **Yearly Authorization Form**

If your athlete would like someone from your Athletic Department to assist them with filing their claim and to be able to discuss details of their claim with our claim department, your athlete will need to complete and sign a PRA (Personal Representative Appointment) Form. The PRA Form must include an actual wet signature and be submitted directly to our claim department. This form gives us permission to discuss any and all medical conditions with you about one of your Athletes, throughout the school year. This form is filled out once and is good for every injury for the entire school year.

* **Other Insurance Information**
1. Your institution has purchased an insurance plan that provides benefits in excess of those expenses not paid or payable by any other valid or collectible insurance. Without this provision, the cost of athletic insurance would be prohibitive.
2. Along with the itemized bill, include a copy of the explanation of benefits statement from the other insurance carrier. If any or all benefits are denied by other insurance, we will need a copy of the denial showing the reason charges were denied. (Include front and back of explanation of benefits when necessary).

1. In the event the student is not covered by any other collectible insurance through the student’s or their parent’s place of employment, we will request a letter from the appropriate employers verifying that no other coverage exists. The student can, also, provide a letter on company letterhead from the necessary employers verifying coverage does not exist at the time the claim is submitted.
* **HMO/PPO Benefits**
1. If an injured athlete has these types of insurance plans, we recommend you refer them to their primary care physician or obtain authorization that will allow you to use a non-network provider whenever possible. If it is not possible to use the network and payment of benefits are denied, you must provide us with the written statement of denial. If your institution has purchased a plan that will respond if an injured athlete goes “out of network”. Then benefits will be payable. If this provision is not part of your plan, benefits will be denied.
2. It is to your advantage to use these services as they can considerably reduce those amounts paid by the excess insurance purchased by your institution. The insurance premiums you pay are based on losses paid by your accident insurance.
* **Submission**

The Athletic Trainer or other Delegated Authority submits a copy of the signed Notification of Claim Form and any signed PRA Form. Submission may be made either by mail as follows:

1. In order for us to accept the “Notification of Claim Form” electronically, it must meet two conditions. First it must come from a school email account. Second, in the signature area of the Notification of Claim Form the authorizing individual’s name and title must be typed in so we can follow up if necessary. The form is provided in an editable PDF document so it can all be completed online. Any signed PRA forms can also be scanned and emailed; we just cannot accept electronic signatures on PRA forms at this time. Email: clerk@bobmccloskey.com (Include School Name & policy number)
2. Fax: 732-583-9610. (Include School Name & policy number) Please make sure to use the included Fax Transmission Form or make sure your cover letter clearly states “ICS Claim Form (HIPAA requirement) in the subject line.
3. Mail: BMI Benefits LLC, PO Box 511, Matawan, NJ 07747

**Questions, Comments or Concerns:**

 First Risk Advisors

 67 W. Court Street

Doylestown, PA 18901

 267-880-2300

 [www.firststudent.com](http://www.firststudent.com/)

 OR e-mail: Rachel Alderfer at: ralderfer@firstriskadvisors.com

 *We’re here to help make the claim process easier for you and faster for your Athletes*

**The Next Steps**

**IF THE ATHLETE HAS NO OTHER INSURANCE OR MEDICAID ONLY**

* **Notification of Claim Form**

Please be sure to provide your athlete with a copy of the signed Notification of Claim Form to be given to the provider for the provider’s submission with the actual claim.

* **Claim Submission Information Form**

This form should be provided to your athlete to be given to the provider to supply accurate instructions on how to submit the claim on behalf of your athlete.

* + - * **Claim Forms**

HCFA 1500 or the UB04. One of these claim forms from the Athlete’s provider must accompany each claim. These forms contain the information we need to process their claims.

* **Receipts of Payment**

If the Athlete paid anything to the provider, please submit an itemized receipt from the provider. An itemized receipt will provide us with the information we need to process your athlete’s refund.

* **Submission**

The Provider submits a copy of the signed Notification of Claim Form with their claim submission. Submission may be made either by email, fax or mail as follows:

1. Email: clerk@bobmccloskey.com (Include School Name & policy number)
2. Fax: 732-583-9610. (Include School Name & policy number)
3. Mail: BMI Benefits LLC

 PO Box 511

 Matawan, NJ 07747

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**IF THE ATHLETE HAS OTHER INSURANCE:**

We pay claims only after an athlete’s other insurance has paid. The exception would be if they have Medicaid. If they have Medicaid, please refer back to the directions for “If Athlete has NO other Insurance.”

* **Notification of Claim Form**

Please be sure to provide your athlete with a copy of the signed Notification of Claim Form to be given to the provider for the provider’s submission with the actual claim.

* **Claim Submission Information Form**

This form should be provided to your athlete to be given to the provider to supply accurate instructions on how to submit the claim on behalf of your athlete.

* **EOB’s From the Other Carrier**

The Explanation of Benefits is a form the Carrier sends to the Insured Athlete showing what has been paid, denied, date of service, diagnoses, etc. A copy of this form must accompany each claim.

* + - * **Claim Forms**

HCFA 1500 or the UB04. One of these claim forms from the Athlete’s provider must accompany each claim. These forms contain the information we need to process their claims.

* **Receipts of Payment**

If the Athlete paid anything to the provider, please submit an itemized receipt from the provider. An itemized receipt will provide us with the information we need to process your athlete’s refund.

* **Submission**

The Athletic Trainer or other Delegated Authority or Insured submits a copy of the signed Notification of Claim Form and any of the above documents. Submission may be made either by email, fax or mail as follows:

1. Email: clerk@bobmccloskey.com (Include School Name & policy number)
2. Fax: 732-583-9610. (Include School Name & policy number) Please make sure to use the included Fax Transmission Form or make sure your cover letter clearly states “ICS Claim Form” in the subject line.
3. Mail: BMI Benefits LLC, PO Box 511, Matawan, NJ 07747

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