



## **Athletic Insurance Information for Parents**

**2011-2012**

Dear Parent:

Your school has purchased a student athletic accident insurance plan for 2010-2011 to provide benefits for all students in **Grades 9 – 12**, who participate in school sponsored and supervised interscholastic athletics. This athletic plan is insured by an "A" rated company and is endorsed by the North Carolina High School Athletic Association, North Carolina School Board Association, and the North Carolina Athletic Directors Association.

***This plan is a Limited Benefit Secondary Policy.*** This means it has maximum amounts for benefit categories, and it pays after any Primary Insurance you may have on your athlete. Please review the attached list of Accident Only Benefits. **This plan may not pay all of the medical bills for an athletic injury, or even the balance after your primary insurance pays.** Again, note the benefit limits within the policy.

***Additional Coverage:*** For the best insurance coverage, we recommend that you also purchase additional student insurance through your school's voluntary plan. This inexpensive accident coverage will increase the benefits you will receive should your student athlete be injured during an athletic event. You may purchase the student insurance online at [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com).

### ***How to File a Claim for an Athletic Injury:***

1. The student **MUST** see a doctor within **60 days** of the injury.
2. Obtain a claim form from the school or download a claim form from the company web site at [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com). (Click on "**Services**" from the tabs at the top and choose "**File a Claim**".) Print out the two page claim form. **A claim cannot be processed without a claim form.**
3. Follow the instructions included with the claim form. Fill out the claim form **COMPLETELY** and **SIGN IT**. A school official **must also** sign the claim form. Send the claim form to the Claims Department address at the top left hand corner of the form **within 90 days of the injury**.
4. Also, acquire and send Itemized Bills (Forms UB04, UB92, or CMS 1500) with CPT/Diagnostic Codes from each provider. CPT codes are required for processing.
5. You must also file with your Primary Insurance Carrier. When you receive Explanations of Benefits (EOB's) from your Primary Insurance, forward these to the claims department as well.
6. **Keep a copy of all paperwork for your records.**

**Filing a claim after an injury is YOUR responsibility. Do not assume that the health care provider or a school official will do this for you. Under HIPAA privacy laws, the school or insurance agent cannot obtain claim information from an insurance company or health care provider without your written permission.**

We are happy to be selected as your insurance agents again for the 2011-2012 school year and will do all that we can to be sure that you receive the best possible service. If at any point you have a question or need additional information, just call us tollfree at 800-232-9601. We will be happy to assist you.

Sincerely,

*Carolyn W. Smith*

*Steve J. Leonard*

*Lawrence S. Braxton*