

Student Accident Claims

The following will assist parents/guardians with submitting a Student Accident claim. It is important that all required information is provided to expedite claim processing. The claim should be submitted within 90 days of the date of the accident. Please include the school name and student accident policy number on any documentation submitted with the claim.

1. Claim Form – This form can be obtained from the school. The school can print out the form for the parents/guardians. The school can also email the form to the parent/guardian, as most of the information can be typed into Claim form, which is a fillable PDF.
 - a. SCHOOL'S REPORT OF ACCIDENT – All information related to the student, parents/guardians, and accident/injury must be included. This section must be signed by the parent/guardian and a school official such as a coach, athletic trainer or nurse.
 - b. PHYSICIAN'S OR DENTIST'S REPORT – Doctor's office must complete this section with the signature of the doctor as well. If non-tooth related injury, questions 9 & 10 do not need to be answered.
 - c. HOSPITAL REPORT - Parent/guardian needs to complete this section including their primary health insurance information, employer and signature. If the parents/guardians do not have medical/dental insurance, this must be noted on the form. To avoid delays in claim processing, the "other insurance" section of the claim form must be completed in full.
2. Itemized Bills (include school name and policy number) – This can be obtained from the treating physician's or dentist's office. It will include the name and address of the provider of service, date of service, type of service and the related charges. Even though account statements or "balance due" statements are helpful, they do not contain all the information needed to process the charges. To avoid delays in claim processing, an Itemized Bill should be provided.

3. Explanation of Benefits (EOB) (include school name and policy number) - If the student has health insurance, all medical bills must first be submitted to their primary health insurance carrier. A copy of the "Explanation of Benefits" form provided by the primary carrier, must be submitted with the claim. If the student does not have primary medical insurance, the need for an "Explanation of Benefits" will not be applicable to the claim, and only the Claim Form, along with the Itemized Bills, should be submitted.
4. Once all information is completed on the Claim form, and all the necessary documents have been gathered, the claim can be submitted via mail, email or fax to the third-party administrator, A-G Administrators, Inc., by the parents/guardians.

Mail

A-G Administrators, Inc.
Claims Department
P.O. Box 979
Valley Forge, PA. 19482

Email

Claims@agadm.com.

Include school name, policy number and student name in the Subject.

Fax

(610) 933-4122

Include school name, policy number and student name on the cover page of the Fax.

5. Claims Status - To find out the status of a claim, parents/guardians can contact A-G Administrators, Inc. as follows:

Phone: (610) 933-0800

Toll free: (800) 634-8628

The parent/guardian can also visit A-G's website and complete a form electronically. A member of A-G's team will then be in touch with the parent/guardian.

The link to the form is:

<https://agadministrators.com/services/check-a-claim-status/>