



How to File a Claim

To successfully process your claim, please submit the following three pieces of information:

1. Completed and Signed Accident Claim Form
2. Itemized Bills
3. Explanation of Benefits (EOBs) from student's Primary Insurance Carrier

In order to streamline the claims process, you should update A-G Specialty Insurance as your child's secondary insurance carrier with any and all providers they've seen or will see for this injury. The provider will then bill us directly with the required documentation above. Please contact the provider's billing department in order to update any insurance information. Our goal is to process claims as quickly as possible, and your assistance with the handling of bills as outlined above will accelerate the process.

These documents should be sent through our secure portal:

upload.agadministrators.com

Alternatively, they can be mailed, emailed, or faxed to:

A-G Specialty Insurance LLC
Claims Department
P.O. Box 21013
Eagan, MN 55121
Claims@agadm.com
(610) 933-4122 Fax

Contact us with questions at (610) 933-0800 or customerservice@agadm.com

1. The **Claim Form** enables us to open a claim for the treatment of your child's injury. To avoid delays in claim processing, please be sure the "other insurance" portion of the claim form is completed in full. The claim form must be signed by a school official.
2. **Itemized Bills:** We require copies of all medical bills, showing the name and address of the provider of service, date of service, body part treated, type of service, and the total charges. Account statements or "balance due" statements are helpful, but do not usually contain all the information needed to process the charges.
3. **Explanation of Benefits (EOBs):** If your child has other medical insurance, all medical bills must be first submitted to the primary health insurance for their determination of eligibility. If the charges are not paid in full by the other medical insurance carrier, we will need to see a copy of the Explanation of Benefits (EOB) from that carrier prior to our office issuing benefits. Your health insurance provider will send this in the mail soon after treatment, and you should have additional access to this document via your primary insurance's website or portal.



K-12 STUDENT

ACCIDENT CLAIM FORM

Please complete and submit to A-G Specialty Insurance with itemized medical bills **AND primary insurance explanation of benefits.**

Send all claim forms and documents using our secure upload portal: upload.agadministrators.com
Alternatively, submit documents to claims@agadm.com.

For **questions**, however, please contact A-G Specialty Insurance: customerservice@agadm.com.

YOUR INFORMATION

First Name: _____ Last Name: _____

Title: _____ School/Organization Name: _____

Email Address: _____ Phone Number: _____

POLICYHOLDER INFORMATION

Policyholder (School): _____

School Address: _____
STREET CITY STATE, ZIP

STUDENT INFORMATION

Student's Name: _____
FIRST NAME MIDDLE INITIAL LAST NAME

Date of Birth: _____ Sex: M F Social Security #: _____

Student's Phone Number (or Parent's if minor): _____

Student's EMAIL (or Parent's if minor): _____

Student's Home Address: _____
STREET CITY STATE, ZIP

ACCIDENT INFORMATION

Circumstance: Game Practice Conditioning Other (Please explain in Nature of Injury section.)

Type of Activity: Club Sport Intramural Interscholastic Non-Athletic

Activity/Sport (if athletic related): _____ Accident Date: _____

Body Part Injured: _____ Place of Accident: _____

Nature of Injury (Details of what happened.): _____

INSURANCE INFORMATION

Does the claimant have primary insurance? Yes No (Attach separate documents if necessary.)

Insurance Company Name: _____

Insurance Company Address: _____
STREET CITY STATE, ZIP

Policy Number: _____ ID#: _____

Is the student eligible for Medicaid or TriCare Benefits? ___ YES ___ NO

If yes, please file for benefits under the Student Accident Plan before submitting expenses to Medicaid or TriCare.



A-G SPECIALTY INSURANCE, LLC

PO Box 21013, Eagan, MN 55121

Ph: (610) 933-0800 Fx: (610) 933-4122 Email: claims@agadm.com

AUTHORIZATION

AFFIDAVIT: I verify that the statement on other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws. I agree that if it is determined at a later date that there are other insurance benefits collectible on this claim I will reimburse A-G Specialty Insurance to the extent for which A-G Specialty Insurance would not have been liable.

AUTHORIZATION TO RELEASE INFORMATION: I authorize any Health Care Provider, Doctor, Medical Professional, Medical Facility, Insurance Company, Person or Organization to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information concerning the patient, to A-G Specialty Insurance and its designees.

PAYMENT AUTHORIZATION: I authorize all current and future medical benefits, for services rendered and billed as a result of this claim, to be made payable to the physicians and providers indicated on the invoices.

WARNING: New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

SCHOOL OFFICIAL SIGNATURE

DATE

PARENT / GUARDIAN SIGNATURE

DATE

FRAUD WARNING: Any person who, knowingly and with intent to defraud, or helps commit a fraud against, any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits or may be committing a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties

Arkansas and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho and Indiana: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony. Idaho and Indiana: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person, who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto, may be subject to prosecution for insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison