



**K-12 STUDENT
ACCIDENT CLAIM FORM**

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

All forms and documents should be submitted to claims@agadm.com for prompt upload to the claim file.

For questions, however, please contact A-G Administrators: customerservice@agadm.com.

SCHOOL/POLICYHOLDER INFORMATION (School Nurse/Athletic Trainer)

First & Last Name: _____ Title: _____

School: _____ Address: _____

Phone Number or Email (for A-G Administrators to contact if any questions): _____

Policyholder (District): Bethlehem Area School District Address: 1516 Sycamore Street, Bethlehem, PA 18017

STUDENT INFORMATION

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

Date of Birth: _____ Sex: M F

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 (PE/Gym Class or Recess)

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

Body Part Injured: _____ Place of Accident: _____

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

AUTHORIZED POLICYHOLDER REP SIGNATURE (School Nurse/Athletic Trainer)

DATE

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____ Parent/Guardian Email: _____

Student 's Social Security #: _____

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, file for benefits under the Student Accident Plan before submitting expenses to Medicare or TriCare.



A-G ADMINISTRATORS LLC
SPORTS INSURANCE SPECIALISTS

PO Box 21013, Eagan, MN 55121

Phone: (610) 933-0800 Fax: (610) 933-4122 Email: claims@agadm.com

AUTHORIZATION

AFFIDAVIT: I verify the statement regarding 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 Administrators to the extent for which A-G Administrators 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 Administrators 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.

AUTHORIZED PARENT/GUARDIAN SIGNATURE

DATE

Notice to CALIFORNIA RESIDENTS: The California Consumer Privacy Act (CCPA) is a comprehensive privacy law that went into effect on January 1, 2020. The CCPA provides enhanced rights to California residents, including a right to access information, a right to delete information (in certain circumstances), and a right to opt out of the sale of information. Please direct any inquiries regarding the CCPA to your third party administrator claim representative.

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: 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: 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, Arkansas and Rhode Island: presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or specific to AR and RI: 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.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Delaware: 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.

Florida: 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: 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: 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.

New York: 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.

Pennsylvania: 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.

Louisiana: 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.

New Mexico: 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.

Texas: 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.

West Virginia: 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.

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

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

Ohio: 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: 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: 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.

Puerto Rico: 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 (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.

WARNING:

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.

District of Columbia: 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.

Hawaii: Presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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.

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.





How to File a Claim

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

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

These documents should be sent through our secure portal:

upload.agadministrators.com

Alternatively they can be mailed, emailed or faxed to:

A-G Administrators 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 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:** Please ensure parents are instructed to send us copies of all medical bills, showing the name and address of the provider of service, date of service, type of service and the 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:** If the student has other medical insurance, all medical bills must be first submitted to the student's 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" from that carrier prior to issuing benefits from this office. Please ensure parents are instructed to also send us these documents, if applicable.



**GYM/ELEMENTARY RECESS/INTERSCHOLASTIC SPORTS/MARCHING
BAND/CHEERLEADING**

**DESCRIPTIONS OF BASIC COVERAGES PROVIDED BY BASD
UNDER INTERSCHOLASTIC SPORTS ACCIDENT PLAN
INCLUDING GYM AND ELEMENTARY RECESS**

The District provides a policy where benefits may be eligible for an injury that occurs during gym class, elementary recess, and to high school and middle school interscholastic athletes, marching band, and cheerleading.

Coverage	\$1,000,000	Maximum Benefit Period
	\$10,000	Accidental Death

For any student injured in gym class, elementary recess, interscholastic sports, marching band, or cheerleading, who needs to file a claim through the District's athletic insurance plan, the parent/guardian must mail the claim form to A-G Administrators, LLC **within 90 days** after the date of injury.

School Nurse/Trainer

- He/She will complete the first three sections and sign as the "Authorized Policyholder Representative" on the claim form.
- He/She will give the claim form for the parent/guardian to complete and submit.

Parent/Guardian

- Complete the rest of the claim form and sign under "Parent/Guardian Signature."
- Mail claim form with itemized bills to:
A-G Administrators, LLC
Attn: Claims Dept.
P.O. Box 21013
Eagan, MN 55121

Please keep a copy of the claim form, all bills and primary insurance Explanations of Benefits for your own records. The first \$100 of usual and customary charges are reviewed for eligibility by the school district's athletic accident insurance. Thereafter, payments are made on an excess basis to any other valid and collectible insurance. There is a benefit period of up to ten (10) years for payments of claims. If denied or partially paid by your private carrier, evidence of denial/partial payment for each unpaid bill is to be sent to A-G Administrators, LLC at the address indicated below. Once the company receives this confirmation along with the corresponding itemized bill, the excess coverage will be applied to open balances up to the policy limits subject to any applicable copays or coinsurance. If the insured has no other coverage, the excess provision shall not apply, and once non-coverage is confirmed, benefits will be payable to the limits described in the policy.

Underwritten By: United States Fire
Insurance (Rated A, Excellent)

Administered By: A-G Administrators,
LLC

1001 Old Cassatt Rd
Berwyn, PA 19312
610-933-0800