

Athletic Injury Claim Submission Procedure

Student Athletes - How to Submit your Sports Claim

St. Peter's University - ICS L00600027 002

The First Step

- **An Injury Occurs**

As soon as the injury occurs, contact the Athletic Trainer or other Delegated Authority in the Athletic Department to obtain the Notification of Claim Form and Claim Submission Information Form.

- **Notification of Claim Form**

This form provides us with the information we need to process your Athletic Claim on a timely basis. It should be completed by you and the Athletic Trainer or other Delegated Authority on the date of the Injury if possible. The Athletic Department will email, fax or mail a copy to us before you visit your doctor or hospital. You will also be given a copy of the form to take with you to give to your provider. The provider will submit this form with the claim.

- **Yearly Authorization Form**

If you would like someone from your Athletic Department or a parent to assist you with filing your claim and to be able to discuss details of your claim with our claim department, you will need to complete and sign a PRA (Personal Representative Appointment) Form. The PRA Form will need to be submitted directly to our claim department by email, fax or mail at the number or address at the bottom of the page. The Yearly Authorization Form gives us permission to discuss any and all medical conditions with your Personal Representative, throughout the school year. This form is filled out once and is good for every injury for the entire school year.

Questions, Comments or Concerns:

First Risk Advisors
67 W Court Street
Doylestown, PA 18901
267-880-2300
www.firststudent.com
OR e-mail: Rachel Alderfer at: ralderfer@firstriskadvisors.com

We're here to help make the claim process easier for you.

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The Next Steps

IF YOU HAVE NO OTHER INSURANCE OR MEDICAID ONLY:

- **Notification of Claim Form**

Please be sure to take a copy of the signed College Claim Form with you when visiting your provider. The provider will submit a copy with the actual claim. If your only other insurance is Medicaid, in Part IB please list "MEDICAID ONLY".

- **Claim Submission Information Form**

Please make sure to take this form with you when visiting your provider as it supplies your provider with accurate instructions on how to submit the claim on your behalf.

- **Claim Forms**

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

- **Receipts of Payment**

If you 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 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: 732-583-9610. (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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IF YOU HAVE OTHER INSURANCE:

We pay claims only after your other insurance has paid. The exception would be if you have Medicaid. If you have Medicaid, please refer back to the directions for "If you have NO other Insurance."

- **Notification of Claim Form**

Please be sure to take a copy of the signed Notification of Claim Form with you when visiting your provider. The provider will submit a copy with the actual claim after your other insurance pays.

- **Claim Submission Information Form**

Please make sure to take this form with you when visiting your provider as it supplies your provider with accurate instructions on how to submit the claim on your behalf.

- **EOB's From the Other Carrier**

The Explanation of Benefits is a form the Carrier sends to you showing what has been paid, denied, dates 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 your provider must accompany each claim. These forms contain the information we need to process your claims.

- **Receipts of Payment**

If you 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 refund.

- **Submission**

The Athletic Trainer or other Delegated Authority or you submit 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: 732-583-9610. (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.
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