INSTRUCTION FOR FILING A CLAIM

EXCESS Coverage
Eligible covered expenses will be paid only if they are in EXCESS of other valid and collectible insurance or medical payment plan, regardless of any Coordination of Benefits. If the claimant is covered by any other insurance or medical plan, they must submit a claim to their primary insurance first. After the primary insurance has paid benefits, then submit this claim along with all EOB’s (explanation of benefits) from the primary carrier.

Deductible
There is not a deductible on this plan.

Accident Medical Claim Form
This Company claim form must be submitted for each individual claim. Part (A) must be completed in full by a designated official of the Policyholder. Part (B) must be completed in full by the injured person or parent/guardian if that injured person is a minor and also must be signed. You can forward additional bills as they are received. No additional claim form needed. Keep copies of everything.

Medical Bills
Attach all medical bills. All bills must be ITEMIZED for service. A balance due statement is not acceptable and will only delay processing. A physician’s office should submit an invoice per HCFA 1500. A hospital and/or emergency room should submit an invoice per UB92. HCFA 1500 and UB92 are universal billing forms supplied by the physician’s office and/or hospital.

Information Requests
In the event that a claim is not submitted in full or if additional information is needed, the claim will be closed, and the additional information will be requested via US Mail. Please forward the requested information immediately in order to avoid further delays. The Explanation of Benefits will be sent to the address of the injured person listed on the claim form in Part B.

Claim Processing and Status
All claim inquiries and mailings should be directed to the address below:

Summit America Insurance Services
Claims Dept., P.O. Box 25936
Overland, Kansas 66225
Fax: (913) 327-7520
Email: claims@summitamerica-ins.com

For claim filing questions and status of a claim, please call (877) 246-6997.

PLEASE NOTE: Claim forms must be submitted within 90 DAYS from the date of the accident.

If you have any questions about this process, please contact HSC Risk Management
(979) 436-9250 or HSC-Camps@tamhsc.edu.

Thank You For Your Cooperation!