



# NAHGA

## CLAIM SERVICES

WHERE STELLAR SERVICE IS NO ACCIDENT

Dear Parent or Guardian:

As another school year begins we wanted to provide you with the insurance information for the 2021-22 year. The policy includes coverage for accidental injuries occurring during school-sponsored and supervised activities, whether at the school or away. This year's plan coverage is through The Hartford.

This policy is **Excess** to any other valid and collectible insurance – it is a secondary policy and all claims must be submitted to the student's primary insurance first. All claims are subject to the policy limits and guidelines and are not guaranteed coverage. Some important limitations to note from the plan:

- A completed Accident report form must be filed before benefits can be considered.
- Treatment must occur within the first 180 days from the date of injury for benefits to be considered.
- Benefits are payable for up to 2 years from the date of injury.

Upon an injury occurring it should be immediately reported to a coach, nurse or faculty advisor. Accident report forms will be provided by the school, it is the parents' responsibility to:

1. Submit the claim form to NAHGA Claim Services, please ensure the form is complete with the necessary signatures. This form can be sent a few different ways, please bottom of letter for contact details.
2. For best accurate submissions of bills it's very important to provide NAHGA's information as the secondary insurance at the time the student is seen at a medical provider's office. Medical billing forms (referred to as HCFA1500 & UB04) are needed to consider bills for benefits, balance due statements will not suffice.
3. Submit any Primary explanation of benefits (EOB) received to NAHGA that is in relation to the injury as well as any receipts if you made payments on any medical charges for the injury so that you can be reimbursed directly.

If there is no primary medical insurance for the student please note such on the accident report form and provide NAHGA's information as the primary when seen at a medical provider's office for treatment.

All claim forms, bill, letters from other insurance carriers and any claims questions should be forwarded to NAHGA Claims Services.

Mail:

PO Box 189  
Bridgton, ME 04009

Email & fax for submission of documents:

[claims@nahga.com](mailto:claims@nahga.com)  
207-647-4569

Email & phone for questions:

[ncsp@nahgaclaims.com](mailto:ncsp@nahgaclaims.com)  
1-800-952-4320

Electronic payer ID to provide to medical providers for electronic billing:

Payer ID- 67788

O. (800) 952-4320 | F. (207) 647-4569

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NAHGACLAIMSERVICES.COM