



WHERE STELLAR SERVICE IS NO ACCIDENT

Student Accident Insurance Claim Filing Instructions

1. **Hartford Participant Accident Statement of Claim Form:** Part I must be completed and signed by the school/policyholder. All other sections must be completed by the parent/guardian. If you are employed, but do not have insurance, please state "NO INSURANCE" and complete the enclosed form – "Statement of No Other Insurance".
2. **Please contact all medical providers where treatment was received and instruct them that you have secondary insurance. If you give the medical/dental provider a copy of the Hartford Claim Form, they should bill NAHGA directly after they bill your primary health insurance. You may also obtain and attach copies of your primary carrier's Explanation of Benefits (EOB) and all itemized medical bills, known as HCFA 1500s (physician billing form), UB-04s (hospital billing form) and ADA Dental Claim Form (dentist billing form) The itemized medical bills should show the ICD-10 and CPT codes for the services provided, as well as other necessary information for insurance processing. Balance due statements are NOT itemized bills and cannot be processed and paid by NAHGA Claim Services. The insurance policy is an excess insurance, which means benefits are provided after any other valid and collectible insurance has processed the medical claims.**
3. In regards to claims for a dental injury, the policy will cover accidental injury to sound, natural teeth. The claim must be submitted to both the dental insurance and the medical insurance if available. In regards to reimbursement for prescription expenses, we will need a copy of the itemized prescription bill. Cash register receipts only will not suffice.
4. If you have already paid the medical service provider and wish to be reimbursed directly, please attach a paid receipt or statement that verifies the payment along with the itemized bills and primary EOBs. HSAs and FSAs are reimbursable, however HRAs are not reimbursable.
5. Submit the completed claim form, itemized bills and primary insurance Explanation of Benefits to NAHGA Claim Services. Claims can be submitted via mail, fax, or e-mail.

FAX	MAIL	E-MAIL
207-647-4569	NAHGA Claim Services PO Box 189 Bridgton, ME 04009	claims@nahga.com

6. You may contact NAHGA at 800.952.4320 to discuss your claim. Please be aware that settlement of your claim may take several weeks to process. When contacting NAHGA, please have your claim form available, as well as the name of the school, school district, or Policyholder to ensure prompt assistance.

NOTE: When NAHGA processes a submitted claim, an Explanation of Benefits (EOB) will be mailed to the medical provider of service with any check payment. A second copy is also mailed to the address on file for the claimant/student explaining the claim payment details. If any information is missing in order for NAHGA to process and pay an outstanding claim, an EOB will be mailed stating what needs to be submitted to NAHGA for reprocessing and payment of the medical claim.