



Plan Administered by:  
A-G Administrators, Inc.  
Attn: Claims Department  
PO Box 21013  
Eagan, MN 55121  
Phone: 800-634-8628  
Fax: 610-933-4122  
Email: [claims@agadm.com](mailto:claims@agadm.com)

## Student Injury Medical Coverage Program Claim Reporting Procedures District/Parental Instructions

**Please follow the procedures set forth below for filing a claim for student injury medical coverage. Claims will be handled in a prompt and efficient manner if the following steps are followed.**

1. District/School must complete the top portion of the claim form. Once completed, the school will email/fax a copy of the partially completed form to A-G Administrators, Inc.
2. The District/School will return the original form to you (parent/guardian) and ask you to complete your portion. Please Note: Both the parent and District must sign the claim form.
3. **Parent/Guardian to process your claim, please submit the following pieces of information:**
  - Completed and signed "Student Injury Claim Form"
  - Itemized Bills and Explanation of Benefits (EOBs) from your Primary Insurance Company
  - All bills should be submitted to:

**A-G Administrators, Inc.**  
**PO Box 21013**  
**Eagan, MN 19482**  
**Phone: 800-634-8628**  
**Fax: 610-933-4122**  
**Email: [claims@agadm.com](mailto:claims@agadm.com)**

- If bills are processed by your primary health insurance carrier, please submit those itemized bills, explanation of benefits (EOBs) and receipts to A-G Administrators, Inc. for review.
- Bills: Please include copies of all medical bills incurred, 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 not accepted. Please see pages 3-5 for samples of the proper format for itemized bills.*

**Important Information:** A-G Administrators, Inc.'s insurance is excess, or secondary to, the parent or guardian's medical insurance/coverage. **All questions must be answered and requires district and parent signatures.**

Assuming that all information submitted is complete; you should anticipate a decision on your claim within 20-30 days. Please direct any questions that you may have regarding your child's claim to A-G Administrators, Inc. at **800-634-8628**.



## ASCIP Student Injury Medical Coverage Program FAQs

### **Why is the student's school district providing student injury insurance?**

Many health insurance plans have high deductibles and plan limits that leave parents with medical bills resulting from an unexpected student injury. This **excess** policy, provided by the district, protects students and families from the costs associated with school-time injuries.

### **Who is AG Administrators?**

AG Administrators manages the student injury medical coverage program for the district. You will submit all claims to AG Administrators. AG will make sure that all claims are complete.

### **Does primary insurance always have to pay first?**

Yes. Medical claims must always be submitted initially to the primary insurance policy. Any remaining balance of expenses not covered by your primary will be submitted to the excess student injury policy. The policy will cover the remaining balance of eligible expenses up to the plan maximum.

### **Does the student injury medical coverage pay for up front out-of-pocket expenses such as co-pays and deductibles?**

Yes. These charges can be submitted to the student injury medical coverage policy to provide reimbursement for out-of-pocket expenses.

### **What documents are needed to process a claim?**

The following documents are needed to properly process a claim:

- **Fully completed Student Injury claim form** available through the district's administrative office.
- **Itemized Bill - called Fifteen Hundred or UB form samples shown on pages 3-5.** This can be obtained through the provider. **DO NOT SEND** cash receipts, or past due statements for claims processing or payment. An **itemized bill shown on pages 3-5** (Fifteen Hundred or UB form) contains the following information:
  - Provider's Name, Provider's Address, Tax ID Number
  - Date(s) of Service, Type of Service(s) Rendered including CPT and ICD-9 Codes
  - The Fee for Each Procedure
- **Primary Insurance Explanation of Benefits (EOB)** - you should receive a copy of this from your primary insurance carrier.

### **Where do I send all of these documents?**

Please send all claim forms, itemized bills, primary EOBs, other insurance information and claims correspondence to AG Administrators:

PO Box 21013  
Eagan, MN 55121  
Phone: 800-634-8628  
Fax: 610-933-4122  
Email: [claims@agadm.com](mailto:claims@agadm.com)

### **What insurance information do I have to give a provider?**

When you go to hospital, Doctor's office, PT clinic, etc, you must remember to tell them you have secondary insurance through your district/ schools student injury insurance policy. Instruct the provider to bill your primary insurance first and then send the primary EOB and the **itemized bill** to AG Administrators. If you did not submit the secondary insurance information upon your first visit, please call the provider and submit the secondary insurance information to them. If the provider bills the school's student injury medical coverage directly, this will prevent a balance due statement from being sent to the student/parent.





**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](mailto:claims@agadm.com) for prompt upload to the claim file. For questions, however, please contact A-G Administrators: [customerservice@agadm.com](mailto:customerservice@agadm.com).

**INJURY INFORMATION (TO BE COMPLETED BY DISTRICT)**

Policy Number: IHH000309

District Name: \_\_\_\_\_ School Name/Location #: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone #: \_\_\_\_\_

Student's Name \_\_\_\_\_

FIRST NAME

MIDDLE INITIAL

LAST NAME

Date of Birth \_\_\_\_\_ Sex:  M  F Parent's Day Time Phone \_\_\_\_\_

Parent's Address \_\_\_\_\_  
STREET CITY STATE ZIP

**INJURY INFORMATION**

Cause of Injury \_\_\_\_\_ Injury Date \_\_\_\_\_

Body Part Injured \_\_\_\_\_ Place of Injury \_\_\_\_\_

Nature of Injury — Details of What Happened \_\_\_\_\_

**District/School Certification Signature Required:**

I hereby certify the student is enrolled in school and the injury was sustained under adequate supervision while participating in a school sponsored activity.

\_\_\_\_\_  
Title of District/School Official Signature of District/School Official Date

**INSURANCE INFORMATION (TO BE COMPLETED BY PARENT OR GUARDIAN)**

Does the parent/guardian have medical/health insurance?  Yes  No (Attach separate sheet if necessary.)

Insurance Company Name & Address \_\_\_\_\_

Policy Number \_\_\_\_\_ ID# \_\_\_\_\_

**Parent / Guardian Certification Signature Required:** \_\_\_\_\_

I authorize any physician/hospital that has attended my dependent child to disclose information thus acquired for the purpose of this claim payment. I hereby certify the above statements made by and certified by me to be true to the best of my knowledge.

Parent's Email Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Printed Name Parent / Guardian Date

## To process your claim, you will need to submit the following pieces of information:

1. The completed and signed "Student Injury Report"
2. All Itemized Bills and Explanations of Benefits (EOBs) from Your Primary Insurance

Company Submit all documents via fax, email or US mail to:

**A-G Administrators LLC**  
**PO Box 21013**  
**Eagan, MN 55121**  
**Ph: (610) 933-0800**  
**Fx: (610) 933-4122**  
**Email:claims@agadm.com**

**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 thereto, 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.

 **A-G ADMINISTRATORS LLC**  
**SPORTS INSURANCE SPECIALISTS**  
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