



## **Athletic Insurance Information for Parents**

**2014-2015**

Dear Parent:

Your school has purchased a student athletic accident insurance plan for 2014-2015 to provide benefits for all students in grades 9 - 12 who participate in school sponsored and supervised interscholastic athletics. This athletic plan is underwritten by Nationwide Insurance, an "A" rated company. It is serviced by American Advantage Marketing Group, Inc. Our plans are endorsed by NCHSAA, NCSBA, and NCADA..

***This plan is a Limited Benefit Secondary Policy.*** This means it has maximum limits on benefit categories, and it pays after any Primary Insurance pays. Please review the attached list of Accident Only Benefits. **This plan may not pay 100% of the medical bills for an athletic injury, or even the balance after your primary insurance pays.** Again, note the benefit limits within the policy.

***Additional Coverage:*** For the best insurance coverage, we recommend that you also purchase additional student insurance through your school's voluntary plan. This inexpensive coverage will increase the benefits you will receive should your student athlete be injured during an athletic event. If your school system has Voluntary insurance with American Advantage, you may purchase the student insurance online at **[www.studentinsurance-kk.com](http://www.studentinsurance-kk.com)**.

### ***How to File a Claim for an Athletic Injury:***

1. The student **MUST** see a doctor within **60 days** of the injury.
2. Obtain a claim form from the school or download a claim form from the company web site at **[www.studentinsurance-kk.com](http://www.studentinsurance-kk.com)**. (Click on "**File a Claim**" at the left of the screen.) Print out the 2 page claim form. **The claim cannot be processed without this claim form.**
3. Follow the instructions included at the top of the claim form. Fill in all the information on the claim form and SIGN IT. A school official must also complete and sign a portion of the claim form. Send the claim form and itemized bills to the claims address at the top. **Send the form within 90 days of the injury.**
4. Send Itemized Bills (Forms UB04, UB92, or HCFA1500) with CPT/Diagnostic Codes from each provider. CPT codes are required for processing.
5. If you have other applicable insurance, you must also file with that company. When you receive Explanations of Benefits (EOB's) from your Primary Insurance, forward these to K&K Insurance Group
6. **Keep a copy of all paperwork for your records.**

**Filing a claim after an injury is YOUR responsibility. Do not assume that the provider or a school official will do this for you. Under HIPAA privacy laws, the school or agent cannot obtain claim information from an insurance company or provider without your written permission.**

We are happy to be selected as your insurance agents for the 2014-2015 school year and will do all that we can to be sure that you receive the best possible service. If at any point you have a question or need additional information, just call us tollfree at 800-232-9601. We will be happy to assist you.

Sincerely,

**Lawrence S. Braxton   Carolyn W. Smith   Steve J. Leonard**

*Specializing in Student Accident, Athletic and Special Risk Insurance*

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