

SCHOOL INSTRUCTIONS

FILING A CLAIM

2019-2020 PROCEDURES AND INFORMATION MEMO

Schools participating in the Accident Group Medical Zero Deductible Excess Benefit Plan

This accident insurance is an excess plan and is not meant to pay 100% of the bills. This is not, and can never become, a Major Medical Health Plan.

UPON ACCIDENTAL INJURY

A school representative (coach or principal) should obtain the Student Accident Claim Form from your school. Only one form per injury is needed. To be a covered accident, injury must occur during an association/school sponsored and supervised activity, treatment must commence within 30 days of injury by a legally qualified medical doctor, and injury form must be submitted within 90 days of the injury. There is a one-year (52 week) benefit period from date of injury.

1. Please throw away all previous forms and copies. Use the current school year **Student Accident Claim Form** and this procedure memo to make copies, or you may visit our website at www.adlrs.com and print additional forms.
2. Read the claim instructions on top of the **Student Accident Claim Form**.
3. Part 1 (School) - **Student Accident Claim Form** - Answer each question completely and sign in the box School representative signature. Include your title and date.
4. Part 2 & Part 3 (Parent/Guardian) - **Student Accident Claim Form** - Have the parent/guardian complete part 2, the insurance information and part 3, parent/guardian statement and sign.
5. Keep a copy for your records.
6. Give a copy of the Student Accident Claim Filing instructions sheet to the parent or guardian.
7. **Instruct the parent/guardian to send a COPY of the Student Accident Claim Form immediately to the following address, secure fax, or email:**

Plan Administrator
ADL Risk Services, LLC
556 Clay Street
Montgomery, AL 36104
Phone: 844.350.9897
Secure FAX: 334.649.7901
Scan and Email to: info@adlrs.com

8. The parent/guardian must understand that this is a full excess plan with a one-year (52 week) benefit period from date of injury. They should first file on and follow procedures of any other individual, group, or family medical plans. **It is the parent/guardian's responsibility, not medical providers or school, to submit the student accident claim form properly completed.**

IF YOU NEED TO ASK FOLLOW UP QUESTIONS AFTER SUBMITTING A CLAIM,

you may do so through one of the following:

Phone: 844.350.9897 or by Email: info@adlrs.com



ADL RISK SERVICES, LLC

Plan Administrator
556 Clay Street
Montgomery, AL 36104
Phone: 844.350.9897
Secure Fax: 334.649.7901
Email: info@adlrs.com

Student Accident Claim Filing Instructions

DO NOT DELAY: The Student Accident Claim Form must be submitted within 90 days from the DATE OF INJURY; failure to submit within 90 days from date of injury, may result in denial of claim reimbursement, entirely. Treatment must commence within 30 days from the date of injury by licensed medical doctor(s). This is a full excess accident medical plan with a one-year (52 Week) benefit period from date of injury.

1. ADL Risk Services Accident/Injury Claim Form:

The form will be provided by the school and **PART ONE** (1) must be completed and signed by an authorized school representative. **PART TWO** (2) and **PART THREE** (3) must be completed and signed by the parent or guardian. If you are employed, but do not have insurance, please state "NO INSURANCE" in **PART TWO** (2). **PLEASE NOTE:** If the student accident claim form is not completed and signed properly, this will delay any claims being processed.

2. Please contact all medical providers where treatment was received and inform them that you have secondary accident insurance. Please give the medical provider the ADL Risk Services billing information, and ask them to bill ADL Risk Services 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 CMS-1500 (physician billing form) and UB-04s (hospital billing form). The itemized medical bills must show the Diagnosis, Service And Procedure Codes (CPT, HCPCS) 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 ADL Risk Services. This accident insurance plan is an excess insurance, which means benefits are provided after ALL other valid and collectible insurance has processed the medical claim.

3. In the case of a dental injury, the plan 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 be accepted.

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.

5. Submit the completed claim form, itemized bills and primary insurance Explanation of Benefits to ADL Risk Services, via US mail, fax, or e-mail.

FAX	US MAIL	E-MAIL
334.649.7901	556 Clay Street Montgomery, AL 36104	info@adlrs.com

6. If you have questions, please contact ADL Risk Services at 844.350.9897 to discuss your claim. Please be aware that it may take several weeks to process and settle your claim. When contacting ADL Risk Services, please have your claim form available to ensure prompt assistance.

NOTE: When ADL Risk Services processes a submitted claim, an Explanation of Benefits (EOB) will be mailed to the medical provider of service with any check payment. An EOB is also mailed to the address on file for the parent/guardian explaining the claim payment details. If any information is missing in order for ADL Risk Services to process and pay an outstanding claim, a DENIAL OF CLAIM will be mailed stating what needs to be submitted to ADL Risk Services for reprocessing and payment of the medical claim. All submitted claims are subject to the plan terms, conditions and benefits as outlined in the coverage selected by the Planholder.

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