Athletic Injury Claim Instructions





- 1. For insurance coverage to take effect, certain minimal requirements are necessary.
 - a. Complete and sign the appropriate academic year athletic injury claim form and submit to the Office of Sports Medicine within 90 days following the date of injury.
 - b. It is the **student-athletes' responsibility** to forward ITEMIZED Coded Bills and Explanation of Benefits (EOB) Statements from the primary insurance company and any payment receipts for submission. Billing statements that simply indicate "*Balance Due*" are NOT sufficient. Bills must be submitted on a UB-4 or on a HCFA-1500 form and must include the 6 following: the ICD-10 codes (which are the diagnosis codes) and the CPT codes (which are the procedural codes). The UB-04 form is generally the hospital/facility's billing form and the HCFA-1500 is generally used by other medical providers that provided the service. (PT, Physician fees, Orthotics, etc.).

PLEASE NOTE: This policy has a \$1,500 integrated deductible. Once this deductible has been satisfied by any combination of primary insurance and patient payments on this case, this policy will consider payment on outstanding charges. As primary insurance continues to make payments on this case, NAHGA will apply these amounts to any charges previously applied to the deductible as patient responsibility and make additional payments to the medical provider on the patient's behalf.

- 2. To speed up processing, please organize both the medical bill and corresponding EOB by date of service.
- 3. **Mail to:** Athletic Insurance Injury Claims
 Office of Sports Medicine
 Keystone Hall 124E
 Kutztown, PA 19530
- 4. All medical bills, with balances, MUST be submitted within 60 days in order to ensure timely payment.
- 5. Kutztown Universitys' Third Party Payor can make no payment until the above process is fully completed.

(THIS CAN BE A LENGTHY PROCESS, PLEASE BE PATIENT!!)

Please direct any questions or concerns regarding this process, or the filing of medical bills to the Office of Sports Medicine at 610-683-4085.

<u>Disclaimer:</u> Claims submitted under **Kutztown University** coverage are subject to all policy limitations and exclusions. This instruction sheet is <u>not</u> a guarantee of payment, it is intended only to facilitate submission of claims. Kutztown University Sports Medicine and Kutztown University Student Services, Inc. Third Party Payor (TPA) maintains appropriate standards and procedures to prevent unauthorized access to Protected Health Information in compliance with both FERPA & HIPAA.