

## Student/Athletic Accident Insurance Instruction for Parents

Your school has purchased accident insurance coverage to protect all current students involved in school sponsored and supervised activities against **accidental injury or death** occurring while the policy is in force. Coverage is provided by **Bollinger Specialty Group**.

**Usual & Customary** benefits are provided on an **excess** basis **after** your primary medical coverage has responded and after review by Bollinger Insurance. **Usual & Customary** is the amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service.

### Claims Instructions

**In case of accident, you must notify the school immediately. You may obtain a claim form from the school or you may download one from [www.BollingerSchools.com](http://www.BollingerSchools.com). \*After the school fills out their portion it is your ( the parent) responsibility to complete Part I of the claim form and submit the claim form to Bollinger Inc.\***

1. Obtain form from the school, complete and submit to Bollinger using the address on the form. The claim form must be submitted within **90 days** from the date of accident. ***If the claim form is not submitted in this time frame the claim may be denied.***
2. Once you receive your acknowledgment from Bollinger
  - a. Provide your doctor's office with the Bollinger information and ask that they bill any outstanding balances to Bollinger directly.
  - b. Forward a copy of your insurance's explanation of benefits (EOB).
    - i. Forward additional bills and EOB's to: **Bollinger Specialty Group, P.O. Box 1346, Morristown, NJ 07962.**
3. If your office will not bill Bollinger or you have already paid out of pocket please forward itemized bills (***CMS-1500 form for physicians & UB-04 forms for Hospitals***) showing treatment, dates of treatment, and charges to the same Bollinger address. **Balance due bills will not be accepted.**
4. **You can check the status of your claim by logging onto [www.bollingerclaims.com](http://www.bollingerclaims.com)**

### Important Notes

- ✚ If there is no primary insurance through the parent or guardian's employer, a statement of verification from employer on their letterhead must also be submitted.
- ✚ Please note the name of school district on all bills and correspondence.
- ✚ Do **NOT** leave original claim form at the hospital or physician's office
- ✚ If you have any questions, once your claim has been submitted please call Bollinger @ (866) 267-0092
- ✚ If you have any questions regarding claim issues once your claim has been processed by Bollinger please contact Stephanie Brown at the A.J. Gallagher, the school's insurance agent by phone – (609) 430-4103 or by e-mail- [stephanie\\_brown@ajg.com](mailto:stephanie_brown@ajg.com)