



Plan Administered by:  
A-G Administrators, Inc.  
PO Box 979  
Valley Forge, PA 19482  
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 979**  
**Valley Forge, PA 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.*

**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 to 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.** This can be obtained through the provider. **DO NOT SEND** cash receipts, or past due statements for claims processing or payment. An **itemized bill** (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 979  
Valley Forge, PA 19482  
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.

