

Claim Instructions

BMI Benefits, LLC. Administers claims resulting from an accident which occurred during the practice & play of intercollegiate sports as outlined in your policy. Your policy may include other covered activities as specified in the master policy document.

Accident Claim Form - The accident claim form (CF) must be completed in full and signed by the appropriate school official and the student-athlete.

- 1) Part IA - Please be sure to detail the full accident information, which includes but is not limited to the date of injury, sport, body part, and description of how the injury occurred. Separate CFs are needed for each injury.
- 2) Part IB - Please have the student complete Part IB of the CF if all of this information is not already on file with the athletic training department and can't be completed by you. We recommend that the medical history and parent insurance information forms are completed prior to athletic participation. If you would like to submit a copy of your internal insurance information form, please attach a copy of the accident CF upon submission and you can leave the parent/guardian section blank.
- 3) Other Insurance – If a student-athlete claims to not have primary health insurance, the parent/guardian section is required to be completed. BMI Benefits reserves the right to request a verification from the parent's employer confirming that the student-athlete is not a covered dependent. If the student does not have contact with a parent, and is fully independent, please note this on the accident CF or reach out to us directly.
- 4) Please have the student sign/date the bottom of the CF which outlines the "Medical Information Authorization Assignment of Benefits."

Itemized Bills & Primary Insurance EOBs

- 1) All itemized bills and primary insurance EOBs related to a covered accident must be submitted in a timely manner to BMI Benefits. An itemized bill (HCFA 1500, UB-04, UB-92) is required for a claim to be processed, and "balance due" statements and invoices are not acceptable. An itemized bill indicates the medical provider's full service name, address, and Tax ID number as well as the type of service, date of service, fee charged and diagnosis. All of this critical

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information and coding is not found on a balance due statement. For each itemized bill submitted, you must include the corresponding primary insurance EOB.

- 2) Additional Information Required - We do our very best to assure timely processing of your claims. If any further information is required beyond the itemized bill and primary EOB for final processing of a claim, we will request that from the appropriate party. Additional requests might include athletic training notes, medical notes/records, letters of medical necessity, etc.
- 3) If a student-athlete/parent has already paid a bill and is looking for reimbursement, we will still need the itemized bill, primary insurance EOB, as well as copy of the receipt or medical provider billing statement showing patient payment.
- 4) HSA, FSA, HRA – Please note that patient payments made from an HSA or FSA account are eligible for reimbursement by the sports policy. HRA account payments are not eligible for reimbursement.

Submission to BMI Benefits

Submit any completed accident claim form, itemized bills primary insurance Explanation of Benefits, as well as any other requested information to BMI Benefits. Documents can be submitted via mail, fax, or e-mail.

Fax	Mail	Email
732-583-9610	BMI Benefits PO Box 511 76 Main Street Matawan, NJ 07747	Email direct to your assigned claims examiner

Other Insurance Information

- 1) This policy is a Full Excess sports insurance program. This means that the plan provides benefits for those medical claims not valid or collectible through the other insurance. Without this provision, the cost of athletic insurance would be prohibitive.
- 2) Along with the itemized bill, include a copy of the explanation of benefits (EOBs) statement from the other insurance carrier. If any or all benefits are denied by the other insurance, we will need a copy of the denial show the reason for the denial/remark codes. Please include the full EOB statement.
- 3) In the event the student is not covered by other collectible insurance through the student's or their parent's place of employment, we reserve the right to

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request a letter from the appropriate employers verifying that no other coverage exists.

- 4) **HMO/PPO Benefits** – If a student-athlete is coverage by an HMO or PPO health insurance plan, we recommend you refer them to their primary care physician or an ‘in network physician’ or obtain authorization that will allow you to utilize a non-network provider whenever possible. If it is not possible to use the network and payment of benefits are denied, you must submit the full denial of benefits EOB. If it is to your advantage to properly utilize an athlete’s primary insurance as this can considerably reduce those amounts paid by the excess sports insurance purchased by the institution. The insurance premiums you pay are based on the losses paid by the insurance policy.

Contact

If you, a student-athlete, or a parent have any questions feel free to reach us via Email or phone at 800.445.3126