

Camps & Clinics Participant Accident Insurance Claims Filing Instructions

Listed below are important instructions and comments about filing a claim.

INJURY CLAIM FORM

1. The injury claim form should be fully completed and submitted within 90 days from the date of injury. Parents are required to sign the line for authorization, so that **A-G Administrators** and the doctors/hospital may communicate concerning your claim if needed.
2. Once completed, make a photocopy for your records, and submit (mail, email, or fax) to the address shown below.
3. DO NOT assume that anyone else will mail this claim form to **A-G Administrators** for you.

Incomplete claim forms are one of the most frequent reasons why claim payments are delayed.

YOUR BILLS

1. Please advise all doctors/hospitals regarding this coverage so they may forward **A-G Administrators** their itemized bills and EOBs (explanation of benefits) from your primary insurance.
2. If a participant has already been to the doctor/hospital and did not know about this coverage, then they can either submit itemized bills and explanation of benefits (EOBs) directly to **A-G Administrators** at the address below or instruct the billing department to do so.
 - The bills should include the name of the doctor/hospital, their complete mailing address, telephone number, the date you were seen by the doctor/hospital, what the doctor saw you for and the specific itemized charges incurred.
 - Please note, if this information is not on the bill your claim will be denied for the missing information. "Balance Due" statements do not contain sufficient information to complete your claim. Ask your physician or hospital to provide you with a HCFA1500 or UB04 to avoid delays.

EXCESS INSURANCE

This policy is excess to any other valid and collectable health insurance plan, with the exception of Medicaid and Tricare (as they will always be the payer of last resort). This means that you must file any bills through the primary health insurance before claims can be considered under this policy. If no other insurance is available then the accident policy can be billed as the primary insurance. Please be advised the claims administrator may request a signed affidavit attesting that there is no other insurance.

A-G Administrators
PO Box 21013
Eagan, MN 55121
Phone: (610) 933-0800
Fax: (610) 935-2860
Email: Claims@agadm.com

If you have any questions, please contact A-G Administrators using the contact information shown above. You may also submit a claim or check the status of a claim by visiting the following: <https://agadministrators.com/ag-customer-contact/>