



## CLAIM and HIPAA FILING INSTRUCTIONS

### Student and Athlete Accidents

When an injury occurs, a claim must be filed with the Student Accident Insurance Network [S.A.I.N.] Policy within 90 days and the first treatment must occur within 120 days of the incident. In order to consider charges incurred, the following items must be submitted to Student Insurance at the address noted below:

- ❖ Claim Form and HIPAA Authorization must be fully completed, signed by claimant, signed and approved by the College official.
- ❖ **PART 4** of the Claim Form must be completed in full. **DO NOT USE "N/A", cross out this section or leave blank**, as the insurance carrier will not accept this information. **NO OTHER INSURANCE** is the appropriate statement to use in this section only when there is no primary insurance.
- ❖ Itemized bills for services rendered must be submitted with the student's Claim Form. **Statements** or **Balance Due Bills** are not acceptable.
- ❖ Copies of all payments made by the student's primary insurance, known as the Explanation of Benefits [EOB], must be submitted with itemized bills and the Claim Form.
- ❖ When the primary insurance is through the parent/s, add these names to the HIPAA Authorization, so our office may communicate with the parents and primary insurance company.

If the student has primary insurance coverage, this insurance **must pay its normal benefits** before the S.A.I.N. Policy will consider benefits. **It is the student's responsibility to file his/her own claim with his/her own personal insurance carrier.**

Health Maintenance Organizations (HMO's) are considered to be primary insurance coverage. If the student is covered under any effective plans, he/she must seek medical attention from those facilities when an injury occurs. **The S.A.I.N. Policy will NOT pay for medical expenses incurred by injured students who do not utilize their HMO contracted doctors or facilities.**

If the claim submitted is missing any of the above information, the claim will **NOT** be submitted to Anthem. This information will be requested from the student and it will be their responsibility to respond. If no answer is received, the claim will be closed and all bills will become the claimant's financial responsibility.

Also note that certain Durable Medical Equipment [DME] the doctor prescribes **may not be covered**. The S.A.I.N. Policy will NOT reimburse any DME charges if a student/athlete or their parents have not verified coverage.

**\*\*NOTE: All completed Claim and HIPAA Forms must be sent to:**

**STUDENT INSURANCE at 10801 National Blvd., Ste. #603, Los Angeles, CA 90064 or email to [claims@studentinsuranceusa.com](mailto:claims@studentinsuranceusa.com)**

STUDENT INSURANCE  
10801 National Blvd., Ste. #603  
Los Angeles, CA 90064

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