Cornwall-Lebanon School District

Athletic Training Services

115 E. Evergreen Road

Lebanon, PA 17042

Phone: 717-272-272-2033

Fax: 717-389-1880

Re: Interscholastic Sport Injury Coverage for Students

Dear Parents or Guardian,

The Cornwall-Lebanon school district provides secondary insurance policy for a sports Injury to cover high school and middle school students who sustain a sports injury, including cheerleading, and band members. This policy will pay for the first $100 of your child’s Medical Expenses. ***Medical bills exceeding $100 must be submitted with a claim form and, the explanation of benefits from the primary health insurance for the child.*** If there is primary health insurance, they would pay and process the medical bills first and then those bills along with the Explanation of Benefits (E.O.B’s) would be submitted to this secondary policy with AG Administrators, Inc.

**Claims Procedure**

**\*Please speak to an athletic trainer if you have any questions.**

In the event of a sports injury, the following procedures are required:

1. Report the injury to the appropriate school official. This may be the athletic trainer, nurse, nurse practitioner, athletic director, or other designated school official.
2. For each injury, a school report of injury claim form needs to be completed, and includes the name and address of the student, the date and time of injury, where the injury occurred and a brief description of the injury. Then the school official must sign that claim form. (see Attached Form).

Only one claim form per injury is required.

1. The Report of Injury Claim Form requires Parental or guardian signature, employment and health information. If there is no health insurance for a child, please note it on the back of the claim form.
2. The completed form needs to be returned to the school who will forward it to Hoaster-Gebhard Insurance Agency in Lebanon, PA.
3. Please forward any itemized medical bill incurred along with the corresponding explanation of benefits (E.O. B’s). The itemized medical bill must have the date of service, type of service, and charge of service. Itemized billing should be on forms UB40 or CMS1500 that your medical provider has. If there is no primary health insurance, then AG administrators will process the claim as primary insurance.
4. If the parents need to send medical billings and E.O.B’s to their adjuster for processing, they can email them to [Customerservice@agadm.com](mailto:Customerservice@agadm.com). Please be sure to put your claim number and student’s name and date of injury in the subject line so they can attach them to your open claim.
5. The parent or guardian will receive a letter from AG Administrators after the first $100 is paid on the claim indicating where the payment was applied. If the student has other medical coverage, all bills must then be submitted to the primary insurance carrier. If the primary insurance carrier does not pay the charges in full, a copy of the E.O.B along with the corresponding itemized billing should be forwarded to customer service at AG Administrators for processing.
6. If an athlete/student is covered by HMO/PPO type coverage, please make every effort to have the student conform to the rules and guidelines of that HMO or PPO for receiving their medical treatment.
7. If you decide to opt-out of your network, AG Administrators will only pay for 50% of the claim if eligible.
8. Retain copies of submitted information for your records.
9. \*To process a claim, we must receive a claim form, have the bill with a **diagnosis code or direct connection to the injury** (this seems to be what holds payments up the most is no direct connection to the injury), and the Primary EOB if there is primary insurance. If the patient is requesting reimbursement, we need all this as well as a receipt or proof of payment.
10. Your medical provider can send the itemized bill to AG Administrators directly, they can mail it to:

AG Administrator LLC

Claims Dept.

P.O. Box 210B

Eagan, MN 55121 or email the information to [claims@agadm.com](mailto:claims@agadm.com) or fax it to 610-933-4122.

Any Questions they want to ask AG Administrators may be called in to 610-933-0800 or they can email customer service at: [customerservice@agadm.com](mailto:customerservice@agadm.com)

**Student Voluntary Accident Insurance**

*The student accident insurance coverage that can be purchased on a 24 hour or school-basis, as well as the dental accident insurance does not cover the injuries resulting from participation in interscholastic school sports in any form, including practice sessions or travel to and from such activities. These claims should be processed under the interscholastic claim coverage.*

**Claims Procedure**

Any student who is injured during school hours should obtain the school’s report of accident form from the school nurse. School districts verification is required for those students who have purchased the school-time coverage. If the student has purchased 24-hour coverage and the injury occurs other than during school hours, the student should seek medical treatment. The school’s report of accident form can be obtained upon the student’s return to school, or by contacting the school, Hoaster Gebhard & Co., or AG Administrators directly.

The completed form, all itemized bills and primary insurance (if there is other insurance), explanation of Benefits (EOB) should be forwarded to Hoaster Gebhard & Co. Any subsequent bills may be forwarded separately. However, only one claim form is necessary per accident.

Should there be any questions regarding your claim, please call your adjuster at AG Administrators at 610-933-0800 or email them at [claims@agadm.com](mailto:claims@agadm.com). If you have general questions regarding this insurance, please contact Lisa Anderson at Hoaster Gebhard Insurance Agency at 717-274-3360.