## Student Accident Insurance

## **IMPORTANT CLAIM PROCEDURES**

1) Company: Student Assurance Services, Inc.

P.O. Box 196

Stillwater, MN 55082

800-328-2739 www.sas-mn.com

Monday-Friday 8:00am to 4:30pm Central

2) Website: www.sas-mn.com

K12 Students/Parents

Find My School

Provides: List of the states (choose yours)

List of schools (choose yours)

Summary of Benefits

Claim Form

3) File a Claim

Claim form is available at school or website www.sas-mn.com.

b) School will complete Part A for school related injuries.

c) Parents complete Part B. Answer all questions.

d) Submit copies of itemized bills to other medical and dental coverage first, the student insurance plan pays after other insurance (primary in Idaho, Ohio, South Dakota).

Submitting the claim and related expenses are <u>parent</u> responsibility. DO NOT rely on your medical provider or school to send information.

Parents send:

a) Completed claim form

b) Itemized bills, <u>not statements</u>, that contain date of service, procedure code, diagnosis code, and federal tax ID number of the hospital or doctor often called (UB-04 hospital and CMS 1500 doctor). Balance due statements can not be processed.

c) Providers can bill us directly. You may give them a COPY of the claim form which includes

the school district name and our mailing address.

d) Explanation of benefits (EOB) from your primary insurance showing write-off, co-pay, co-insurance, deductible and/or payment.

e) Send above information directly to:

Student Assurance Services, Inc.

P.O. Box 196

Stillwater, MN 55082

Please allow 30 days before calling to check the status of your claim. If you have not heard from us within 30 days of submission, please contact us at 1-800-328-2739

There is a timely filing window of one year and ninety days. Do not wait to send information as this may result in claim denial.