

SEND COMPLETED FORM TO:

ACCIDENT & SICKNESS CLAIMS ONLY



NAHGA Claim Services
P.O. Box 189
Bridgton, ME 04009-0189
For questions call: 1-800-952-4320
Fax: 1-207-647-4569
Email: eia@nahga.com

IMPORTANT NOTICE: The student insurance plan is designed to provide maximum benefits for minimum premium. If you have other medical insurance, you must submit this claim to your other carrier first. When you receive their Explanation of Benefits (EOB), send it to us with corresponding itemized insurance bills.

If this form is not completed in FULL, this claim cannot be processed and will be returned. Please print legibly.

PART 1: STUDENT STATEMENT— MUST BE COMPLETED & SIGNED BY STUDENT

Form section for Part 1: Student Statement. Includes fields for School Name, Policy Number, Student Name, Student ID#, Mailing Address, Phone Number, Date of Birth, and various demographic checkboxes (Gender, Marital Status, Graduate/Undergraduate).

Form section for Part 2: Referral Requirement. Includes checkboxes for 'Were you seen and referred by Student Health Services?' and 'If NO, was Health Services closed?'.

PART 3: PARENT OR GUARDIAN STATEMENT

If the student has primary insurance, all charges must be filed with the other insurance carrier first and copies of the Explanation of Benefits (EOBs) will be required for all charges submitted to NAHGA Claims Services. If the student is not insured, a letter denoting lack of coverage or verification by telephone from the employer or insurance company is required. BLANKS ARE NOT ACCEPTABLE, INCOMPLETE CLAIM FORMS WILL DELAY THE PROCESSING OF YOUR CLAIM!

Form section for Part 3: Parent or Guardian Statement. Includes fields for Head of Household, Other Parent/Spouse, Employer Name and Phone Number, Insurance Co. Name and Phone Number, Insurance Co. ID#, and 'Is Student Insured?' checkboxes.

To any medical care provider, medical care facility, Insurer, government-sponsored health plan or employer: I grant authorization (while my claim is pending) of the release of any medical information about me to NAHGA Claim Services and its representatives, EIIA, Fairmont Specialty and other persons or groups performing business or legal services relating to my claim.

I certify that the above information provided by me in support of this claim is true and correct. I understand that if I knowingly misrepresent or falsify essential information requested by this form I may, upon conviction, be subject to fine or imprisonment.

Insured Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participating Institution's Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

FOR PRIVACY POLICY INFORMATION PLEASE GO TO: www.fairmontspecialty.com

PAYMENT WILL BE MADE TO THE PROVIDER OF SERVICE UNLESS A PAID RECEIPT IS ATTACHED AT THE TIME OF SUBMISSION. INITIAL MEDICAL TREATMENT MUST TAKE PLACE WITHIN 90 DAYS FROM THE DATE OF ACCIDENT OR ONSET OF ILLNESS.

## IMPORTANT NOTICE

Fraud Warning: Any person who, with the intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or civil penalties.

Notice to Kentucky Claimants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Oklahoma Claimants: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Notice to Pennsylvania Claimants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Texas Claimants: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime may be subject to fines and confinement in state prison.

If you have any questions about filing your claim, please contact your Institution's Student Insurance Coordinator or NAHGA Claim Services at 1(800) 952-4320.

### IMPORTANT INFORMATION:

- ◆ Initial medical treatment must take place within **90** days from the date of Accident or Sickness.
- ◆ Written notice of a claim must be given within **90** days after a covered loss occurs or begins or as soon as reasonably possible.
- ◆ The Insured Student must be under the care of a Doctor when the eligible Expenses are incurred.

PLEASE KEEP A COPY OF THIS CLAIM FORM FOR YOUR RECORDS!