



Student Accident Coverage CLAIM FILING INSTRUCTIONS

FOR PARENTS/LEGAL GUARDIANS (or students of legal age)



Coverage terms and conditions

If your child is injured, please familiarize yourself with the terms and conditions of coverage including: what activities are covered; benefits; exclusions; requirements and limitations; important deadlines, etc. Coverage summaries may be obtained from your school or school district or by contacting Myers-Stevens & Toohey at (800) 827-4695.



Claim form and reporting

Report school-related injuries immediately to school officials, providing as much detail as possible.

Request a claim form from the school and ask an authorized school official to **completely and clearly** fill out Part A of the form. Only one claim form is required per injury or condition.

Completely and clearly fill out Part B (missing fields will cause delays) provide signatures where requested, date and return to Myers-Stevens & Toohey along with your itemized bills and Explanations of Benefits (EOBs) from any other applicable insurance or health plan.



When treatment is sought

- Give the provider's billing/admissions department your primary insurance/health plan information (if applicable).
- Let the provider know that your child has blanket plan through his/her school and that medical expense benefits are provided on an excess or secondary basis.
- Request the billing department to add Myers-Stevens & Toohey into their system as a payor and to either send us the itemized bills described above directly (preferred!) or to send you those same bills to be forwarded to us. Letting the provider know that you are assigning benefits to them may help smooth the process. If you have difficulty, please contact us and we'll be happy to help.



If your child has other insurance or health coverage

File a claim with that primary plan and send us copies of their "Explanation of Benefits" or "EOBs" once processed.



What we need from the providers who see your child*

In order to evaluate your claim and provide benefits, we will need fully itemized bills from any providers seen. These are known as HCFA 1500 or CMS 1500 forms from providers such as doctors and as a UB04 form from facilities such as hospitals and surgery centers. They contain the following required information:

- Date(s) of Service
- Billed Charges
- Diagnostic Codes - these tell us what is wrong with your child
- Procedural or Revenue Codes - these tell us what was done to evaluate/treat the problem
- Provider Tax ID Number - needed to issue W-9s when benefits are assigned to providers
- National Provider Identifier (NPI) - needed to comply with Federal regulations

NOTE – we are not able to use "statements" from providers, primary health plan EOBs or a receipt of payment in lieu of the required itemized billings as described above.

**If you have Kaiser, request "courtesy statements" from Kaiser Member Services that include the information listed above. Please make sure the documentation submitted indicates what portion of the charges, if any, you are obligated to pay out of your own pocket.*



Final Steps

Send: 1) Completed claim form; 2) Itemized bills; 3) Other insurance/health plan EOBs (when applicable) to:

MYERS-STEVENS & TOOHEY
Attn: Claims Department
26101 Marguerite Parkway
Mission Viejo, CA. 92692

OR

Fax: (949) 348-9350

OR

Email: claimsinfo@myers-stevens.com

Need more help? Call us at (800) 827-4695