

Student Accident Insurance

Policy Identification Form and Claim Procedures

Claims Administrator:

Student Assurance Services, Inc. (SAS)
P.O. Box 196
Stillwater, MN 55082
(800) 328-2739
Monday-Friday 8:00am to 4:30pm CST

Website: www.sas-mn.com

- 1) Under K-12 Students/Parents select "Find My School"
- 2) Select State where the school is located
- 3) Search and select school name

Provides:
Plan Summary of Benefits
Claim Form

Policyholder Name: Diocese of Springfield

Policy School Year: 2023-2024

Policy Number: 12-16-1513-303-506-3

NOTICE TO PARENTS/STUDENTS AND PROVIDERS: Using this Policy ID form is **NOT** a guarantee of benefits or confirmation of coverage under the plan. Benefits and eligibility will be evaluated when an accident claim is submitted for payment.

A completed SAS claim form must be submitted prior to or along with itemized bills. Only one claim form for each accident needs to be submitted.

Use either the student's social security number or date of birth as a personal member ID.

Parents or providers must first submit copies of itemized bills to the student's other medical and dental insurance plan. This plan pays second or after other insurance coverage. (Coverage is primary in ID, and primary if parent-paid in IL) Also, this plan does not cover penalties imposed by the student's other insurance coverage for failure to use a preferred provider. (In KS penalty does not apply)

Submitting the accident claim and related expenses are parents/student's responsibility. DO NOT rely on the provider or school to send information.

To File an Accident Claim

- a) Download and print a claim form on the website www.sas-mn.com under school look-up.
- b) Notify the school immediately if the injury is school related, a school official must complete Part A of the claim form.
- c) Parents must complete Part B of the claim form. Answer all questions. If this injury is NOT school-related, then you may complete both Part A and Part B of the claim form.
- d) Parents or providers must submit itemized bills (often called UB04 or CMS 1500) that contain date of service, procedure code, diagnosis code, federal tax ID number, and NPI number of the hospital or doctor. Balance due statements cannot be processed.
Note: You can leave a COPY of the claim form and this form with the provider or facility. Providers may submit itemized bills directly to SAS on the student's behalf. However, some providers may require payment at the time service is provided or may send the bill directly to the parent.
- e) Parents or providers must submit explanation of benefits (EOBs) from the student's primary insurance coverage showing write-offs, copays, coinsurance, deductibles, and payments. This plan pays second to other dental or health insurance coverage. (Coverage is primary in ID, and primary if parent-paid in IL)
- f) Mail the completed claim form, itemized bills, and other insurance EOBs to:

**Student Assurance Services, Inc.
P.O. Box 196
Stillwater, MN 55082**

Please allow 30 days after submitting the accident claim before calling to check claim status at (800)328-2739. The SAS claims office is available for calls between 8:00 a.m. to 4:30 p.m. Central Standard Time, Monday - Friday. Providers that receive electronic payments through Instamed must status claims with them.

There is a timely filing deadline of one year and ninety days to submit proof of loss. Do not wait to send information as this may result in claim denial. (Timely filing is one year and 180 days in North Carolina and does not apply in Utah)