

Student/Athletic Accident Insurance Instruction for Parents

Your school has purchased accident insurance coverage to protect all current students involved in school sponsored and supervised activities against **accidental injury or death** occurring while the policy is in force. Coverage is provided by **Bollinger Specialty Group**.






Usual & Customary benefits are provided on an excess basis after your primary medical coverage has responded and after review by Bollinger Insurance. **Usual & Customary** is the amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service.

Claims Instructions

In case of accident, you must notify the school immediately. You may obtain a claim form from the school or you may download one from www.BollingerSchools.com. **After the school fills out their portion it is your (the parent) responsibility to complete Part I of the claim form and submit the claim form to Bollinger Inc.**

1. Obtain form from the school, complete and submit to Bollinger using the address on the form. The claim form must be submitted within **90 days** from the date of accident. ***If the claim form is not submitted in this time frame the claim may be denied.***
2. Once you receive your acknowledgment from Bollinger
 - a. Provide your doctor's office with the Bollinger information and ask that they bill any outstanding balances to Bollinger directly.
 - b. Forward a copy of your insurance's explanation of benefits (EOB).
 - i. Forward additional bills and EOB's to: **Bollinger Specialty Group, P.O. Box 1346, Morristown, NJ 07962.**
3. If your office will not bill Bollinger or you have already paid out of pocket please forward itemized bills (***CMS-1500 form for physicians & UB-04 forms for Hospitals***) showing treatment, dates of treatment, and charges to the same Bollinger address. **Balance due bills will not be accepted.**
4. **You can check the status of your claim by logging onto www.bollingerclaims.com**

Important Notes

-  If there is no primary insurance through the parent or guardian's employer, a statement of verification from employer on their letterhead must also be submitted.
-  Please note the name of school district on all bills and correspondence.
-  Do **NOT** leave original claim form at the hospital or physician's office
-  If you have any questions, once your claim has been submitted please call Bollinger @ (866) 267-0092
-  If you have any questions regarding claim issues once your claim has been processed by Bollinger please contact Stephanie Brown at the A.J. Gallagher, the school's insurance agent by phone – (609) 430-4103 or by e-mail- stephanie_brown@ajg.com