

Medical Accident - Claim Filing Instructions

The accident insurance plan is designed to cover all registered participants of the United States Premier Hockey League while they're engaged in policyholder sponsored and supervised activities. The plan will consider reimbursement for eligible expenses which are not payable by your healthcare plan or any other insurance plan providing reimbursement for medical expenses. Therefore, prior to filing a claim against the accident insurance policy, you must first file the claim with your own healthcare plan. Include the policy number on all correspondence to facilitate the handling of your claim. Observe the following claim filing procedures:

1. Notify your league director.
2. Obtain a claim form from the Appendix of this Summary. Only one form is needed for each accident, regardless of the number of expenses incurred for the particular accident. The claim form is included at the end of this package.

2. Part I of the claim form should be completed and signed by an official from the sponsoring organization. Part I requests a description of how the accident occurred. Please check to see that a complete description is provided. For example, "Basketball" is not acceptable; however, "Twisted left ankle while playing basketball" is acceptable.
3. Part II of the claim form should be completed and signed by the claimant or the claimant's parent or guardian if claimant is a minor. All questions in Part II must be completed in order for the company to examine your claim. Please do not leave any questions blank. Part II includes the section entitled "Authorization to Release Information."
4. Itemized Bills must be submitted. Itemized Bills provide the dates of service, the procedure codes, the diagnosis and the charge(s). "Balance Due" bills are not acceptable because they do not provide all of the information needed to properly examine a claim.
5. When submitting charges for Physical Therapy, the itemized bill must be accompanied by the prescription and include the frequency and the duration of the treatment.
6. Submit copies of the Explanation of Benefits (EOB) statements from your own healthcare plan. The EOB's will show how much your healthcare plan paid for the services rendered and the amount which is your responsibility. There should be an EOB for each Itemized Bill you have submitted for reimbursement.
7. Mail or email the fully completed claim form, each Itemized Bill (and the prescription, if applicable) and the corresponding EOB to the following address (**include the Policy Number on all correspondence**):

K&K Insurance Group, Inc.
P.O. Box 2338
Fort Wayne, IN 46801-2338
Fax: (312) 381-9077

Please remember, the policy is an Accident insurance policy. It does not provide reimbursement for illness or for injuries that are not the result of an Accident. It is subject to exclusions and limitations. The policy may also contain a deductible which may be the claimant's responsibility.