

STEPS TO FOLLOW WHEN FILING A CLAIM:

1. Only one Student Assurance Services, Inc. (SAS) completed claim form for each accident needs to be submitted. The insured must be treated by a licensed physician or facility within the required time as stated in the policy.
2. Using this form is not a guarantee of benefits or confirmation of coverage under the plan. Benefits and eligibility will be evaluated when the claim is submitted, subject to all applicable terms, conditions, limitations and exclusions of the plan.
3. The policyholder official **must** complete Part A of the claim form for all covered activity-related accidents. The insured or the parent/guardian (if the insured is a minor under age 18) must complete Part B of the claim form. The insured's parent/guardian should complete Part C of the claim form if applicable. Answer all questions on the claim form.
4. Submit copies of the **itemized bills** with the completed claim form. **Balance due statements cannot be processed.** These itemized bills often called UB-04 or CMS-1500 provide the Address, Date of Service, Procedure Code, Diagnosis Code, Federal Tax ID Number and NPI number of the treating physician or facility. **This plan has a timely filing deadline, do not wait to send information.**

"PROOF OF CLAIM" for all state except (NC) must be completed and submitted to the Company within one year and 90 days. (NC) within one year and 180 days.

Note: A copy of the claim form can be given to the treating physician or facility. The provider may submit itemized bills directly to SAS on the insured's behalf. However, do NOT depend on the provider to submit the claim form or itemized bills to SAS. It is the insured/parent/guardian's responsibility to provide this information.

5. **Submit copies of itemized bills to the insured's primary family and/or group insurance company first**, even if the other insurance plan has a large deductible or copay. This plan pays second or is supplemental to all other valid coverage (does not apply to SAS primary plans). This plan does not cover penalties imposed for failure to use providers preferred or designated by the other primary insurance plan. The other insurance plan will send an Explanation of Benefits (EOB) showing payment, write-off, deductible, copay, and coinsurance.
6. Mail, fax, or email the completed claim form, itemized bills and other insurance EOBs to:

STUDENT ASSURANCE SERVICES, INC.
P.O. BOX 196
STILLWATER, MN 55082-0196
Fax: (651) 439-0200
Email: claims@sas-mn.com

NO CLAIM CAN BE PROCESSED UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN PROVIDED TO SAS:

1. **Completed Claim Form**
2. **Itemized Bills (UB-04 or CMS-1500)**
3. **Explanation of Benefits (EOB) from the primary insurance plan**
4. **FOR DENTAL CLAIMS - American Dental Association Standardized itemized billing form**

PLEASE REFER TO THE MASTER POLICY ISSUED TO THE POLICYHOLDER FOR SPECIFIC DETAILS.