

BMI BENEFITS, L.L.C

CLAIM FORM

- (1) The claim form must be completed in full and signed by the appropriate school official. Please be sure to detail accident information, include part of the body injured, how the injury occurred and the particular sport. A separate claim form (Part1A) is required for each injury.
- (2) Please have the student complete Part1B of our claim form in full (Parent/Insured Information). We recommend that medical history and parent insurance information forms be completed prior to any athletic participation. Please keep this information on file in your office. If your institution provides their own parent insurance information forms, please attach a completed copy to Part 1A of our claim form. If there is no evidence of other valid and collectible insurance, we must still receive the completed form to process the claim. If you do not have this information on file, Part 1B must be completed in full before any payment of benefits can be considered.
- (3) If the student does not have contact with a parent, please indicate this in Part1B. Students that are independent of their parents need to write a short letter indicating this information. The letter must be signed by the student and dated.
- (4) Please have the student sign and date the portion of the claim form indicating “Medical information authorization/Assignment of benefits”.

ITEMIZED BILLS

- (1) Attach itemized copies of all applicable bills, including those bills under any deductible your plan may have. Also, include those bills paid partially or in full by other insurance. Bills showing only “Balance forward” or “Balance due” are not acceptable.
- (2) An itemized bill indicates the provider of service’s full name and mailing address, type of service, date of service, fee charged and diagnosis. We will request any missing information from the provider of services. To assure quick processing, please be sure that the bill and the insurance statements submitted are for the same item. You will receive a copy of any correspondence. Feel free to offer our toll free number to any provider who wished to contact us.
- (3) When sending additional bills and other insurance statements, please identify your school’s name and the name of the injured athlete.

OTHER INSURANCE INFORMATION

- (1) Your institution has purchased an insurance plan that provides benefits in excess of those expenses not paid or payable by any other valid or collectible insurance. Without this provision, the cost of athletic insurance would be prohibitive.
- (2) Along with the itemized bill, include a copy of the explanation of benefits statement from the other insurance carrier. If any or all benefits are denied by other insurance, we will need a copy of the denial showing the reason charges were denied. (Include front and back of explanation of benefits when necessary)
- (3) In the event the student is not covered by any other collectible insurance through the student's or their parent's place of employment, we will request a letter from the appropriate employers verifying that no other coverage exists. The student can, also, provide a letter on company letterhead from the necessary employers verifying coverage does not exist at the time the claim is submitted.

HMO/PPO BENEFITS

- (1) If an injured athlete has these types of insurance plans, we recommend you refer them to their primary care physician or obtain authorization that will allow you to use a non-network provider whenever possible. If it is not possible to use the network and payment of benefits are denied, you must provide us with the written statement of denial. If your institution has purchased a plan that will respond if an injured athlete goes "out of network". Then benefits will be payable. If this provision is not part of your plan, benefits will be denied.
- (2) It is to your advantage to use these services as they can considerably reduce those amounts paid by the excess insurance purchased by your institution. The insurance premiums you pay are based on losses paid by your accident insurance.

BMI Benefits, LLC
PO Box 511
76 Main Street
Matawan, NJ 07747
Phone: 800-445-3126
Fax: 732-583-9610