



CLAIM INSTRUCTIONS
Cal South Youth Soccer Accident Insurance (SAI)



These Instructions are to be used for completing the **SAI CLAIM FORM** for injuries occurring at Cal South sanctioned events STARTING July 1, 2018 - June 30, 2019.

****Note: The claim form AS FOLLOWS should be submitted to AIG Accident & Health Claims Dept. as soon as possible after the injury occurs and not later than 30 days after first incurred treatment. Once any other primary carrier has paid, send a copy of the itemized bill and primary carrier Explanation of Benefits "EOB" to AIG for additional benefit consideration. It is suggested to keep copies of everything sent to AIG.**

General Information

There is a 52 Week Benefit Period starting July 1, 2018 - June 30, 2019. Injuries must be sustained during that time period. **First incurred treatment for injuries must be incurred within 90 days of the injury. The claim form must be received by AIG within 30 days of the first incurred treatment expense.**

Policies with Excess Coverage

Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance or medical payment plan. If the claimant is covered by any other health insurance or medical payment plan they must first submit claim to the primary insurance. After the primary insurance has paid benefits, then submit this claim form along with all **EOB's (explanation of benefits)** from the primary insurance. If no primary coverage exists, the **SAI** coverage will act as a primary insurance subject to all policy terms and conditions.

Claim Form

The claim form must be submitted for each individual claim. **Section A** must be completed in full by the injured person or the parent or guardian if that injured person is a minor and also must be signed. **Section B** must be completed in full and signed by all parties shown. **Section C** must be completed in full and signed by all parties shown. **A fully completed claim form is not necessary when submitting additional medical bills; only one claim form is needed per accident/injury.**

Deductible (\$1,000) + 20% Coinsurance

Each claim is subject to the \$1,000 deductible and 20% Coinsurance. Please be aware, although every effort will be made to match your requests, charges that have been reduced due to discounts, reasonable and customary guidelines, or plan maximums may not be credited towards the deductible.

Medical Bills

Notify all medical providers – hospitals and doctors – if you will be using this insurance alone or along with your primary insurance. **Provide them with the name and mailing address to AIG (provided below) and request that they submit the required insurance billing forms there.** A physician's office should submit a CMS 1500. A hospital and/or emergency room should submit a UB04. **A balance due statement is not acceptable and will only delay processing.**

Information Requests

In the event that a claim is not submitted in full or if additional information is needed, the claim will be suspended, and the additional information will be requested via US Mail. Please forward the requested information immediately to AIG Accident & Health Claims Dept. to prevent delay in the adjudication of your claim.

Claim Submission Checklist – Use the below checklist to assure a properly submitted medical claim is to be sent.

If the injured person has primary health insurance has the claim been submitted first to the primary insurance, if available?	
If claim was first submitted to the primary, are copies of the EOB's (explanation of benefits) if available , attached?	
Have you requested itemized medical bills - CMS1500 or UB04 - to be sent directly to AIG Accident & Health Claims Dept.? <i>Address: P.O. Box 25987, Shawnee Mission, KS 66225-5987</i>	
Have Parts A & Parts B of the Claim Form been completed in its entirety?	
Has Part C of the Claim Form been completed and signed by all the appropriate Officials?	

Mailing the Claim Forms & Documents

When completed, **claimant** should mail the claim form including itemized medical bills (*if not mailed directly to AIG by the medical providers*) and copies of EOB's (*explanation of benefits from primary insurance*) to:

AIG Accident & Health Claims Department
P.O. Box 25987
Shawnee Mission, KS 66225-5987

*****We recommend keeping copies of all documents as submitted in the event of a question during the claims process.*****

If you should have any questions, or if a physician's office or hospital needs to confirm benefits before a medical procedure, please contact the AIG claims office at **(800) 551-0824**.