## STEPS TO FOLLOW WHEN FILING A CLAIM:

- 1. A school official must complete Part A for all school related accidents. The parent or guardian must complete all questions in Part B Parent Statement. If the accident is not school related, parent or guardian may complete Part A. Do NOT leave this Claim Form with the physician or hospital. Complete and submit directly to the Claim's Office at the address indicated below within 90 days.
- 2. Send copies of **itemized bills**. These are the original billings you receive, not monthly statements. **These itemized bills often called UB04 or CMS 1500 provide the Address, Procedure Code, Diagnosis Code, and the Provider's Tax ID Number.**
- 3. Submit copies of all bills to your family and/or group insurance, even if you have a large deductible. This plan is supplemental to all other valid coverage. You must file a claim with your other insurance first. This plan does not cover penalties imposed for failure to use providers preferred or designated by your primary coverage. After you have received payment or copies of "Explanation of Benefits" (EOB) from your family insurance company or insurance administrator (Blue Cross, Group Health, Prudential Insurance, etc.), send copies of itemized bills and your other insurance E.O.B.'s to:

STUDENT ASSURANCE SERVICES, INC. P.O. BOX 196 STILLWATER, MN 55082-0196

NO CLAIM CAN BE PROCESSED UNTIL ALL OF THE ABOVE DOCUMENTS ARE PROVIDED.

PLEASE REFER TO THE MASTER POLICY ISSUED TO THE SCHOOL/SCHOOL DISTRICT FOR SPECIFIC DETAILS.

## ATTENDING DENTIST'S STATEMENT

(1) DATE OF ACCIDENT		(3) WERE THE TEETH SOUND OR NATURAL PRIOR TO THE CURRENT TREATMENT?		
(2) IF PROTHESIS, IS THIS INITIAL PLACEMENT?	?	TREATMENT?	YES	∐ NO
YES	□ NO	(4) ARE ANY SERVICES COVERED BY IF SO, NAME PLAN	Y ANOTHER PLAN?	□ NO
IDENTIFY ALL TEETH WITH AN "X" THAT WERE INVOLVED IN THIS ACCIDENT	TOOTH NO.	DESCRIPTION OF SERVICE	DATE OF SERVICE	FEE
وَيْ فَوْفُونَ مِنْ فَوْفُونَ وَالْمُونَوِّ وَالْمُونُونَ وَالْمُونِوْنَ وَالْمُونُونَ وَالْمُونِوْنَ وَالْمُونِوْنَ وَالْمُونِوْنَ وَالْمُونِوْنِ وَالْمُؤْمِنِ وَالْمُؤْمِنِ وَالْمُونِ وَالْمُؤْمِنِ وَلَّذِي وَالْمُؤْمِنِ وَالْمُؤْمِنِ وَالْمُؤْمِنِ وَالْمُؤْمِنِ وَالْمُؤْمِنِ وَالْمُؤْمِنِ وَالْمُؤْمِنِ وَالْمُؤْمِنِ وَالْمُؤْمِ وَالْمُؤْمِنِ وَالْمُؤْمِ وَالْمُونِ وَالْمُؤْمِ وَالْمِنْ وَالْمُؤْمِ وَالْمُؤْمِ وَالْمُؤْمِ وَالْمُؤْمِ وَالْمُؤْمِ وَالْمِنْ وَالْمُؤْمِ وَالْمُؤْمِ وَالْمِنْ وَالْمُؤْمِ وَالْمِلِي وَالْمُؤْمِ وَالْمِنِي وَالْمُؤْمِ وَالْمُؤْمِ وَالْمُؤْمِ وَالْمِلِي وَالْمُؤْمِ وَالْمِلْمِ وَالْمِلِي وَالْمِلْمِلِي وَالْمُؤْمِ وَالْمِلِي وَالْمِلِي وَالْمِلِي			TOTALFEE	
		X		
DENTIST'S NAME		SIGNATURE		DEGREE
STREET ADDRESS		DATE		
CITY STATE	ZIP	TELEPHONE		

Federal ID Number — No benefits can be paid until we have your ID number.