CHUBB

Gallagher
Student Health & Special Risk

Student Accident Insurance Plan for Wisconsin Technical Schools

EXCESS Accident Medical Claim Instructions

Understanding Your Benefits

Your **Student Accident Insurance Plan** offers accident medical coverage on an excess basis. This means that coverage under the plan becomes effective only after your primary health insurance has been exhausted. For more information regarding the benefits, exclusions and limitations available to you, please reference the Plan Description available at www.GallagherStudent.com .

How to Submit Medical Claims

The claims Administrator for this Plan is health Special Risk, Inc. (HSRI). Claim forms can be obtained by going online at www.hsri.com or calling (866) 345-0959. Be sure to complete the claim form in its entirety. Failure to do so will result in a delay in claim payment. Notification of injury must be provided within 30 days after the date of accident. Bills must be submitted within 90 days of treatment.

What Is Needed to File a Claim?

- Completed Claim Form
- An itemized bill - HSRI suggests providers submit standardized billing statements ("UB-04" for hospital charges and "CMS-1500" for Physician Charges).
- Other Insurance Explanation of benefits - If a primary insurance carrier paid a portion of your claims include the Explanation of Benefits (EOBs) with your claim.
- Payment will be issued to the medical providers where possible. If you have paid the charges, you must provide Proof of Payment with the medical bills.
- Acceptable Proof of Payment includes: copy of check, cash receipt, or credit card statement

What to Expect

- Submit your Claim to HSRI
- HSRI receives Claim and verifies Claimant eligibility through your school
- Claims Examiner reviews claim and requests any needed additional information
- Claims Examiner makes a claim determination after all required documentation is received
- Claims Examiner processes according to Policy terms
- For payable claims, payments are issued to the Provider or Claimant with an Explanation of Benefits Statement
- Please allow 2 weeks for claim processing

Claim Contact Information:

Customer Service: (866) 345-0959

Hours of Operation: 8am – 5pm CT, Monday through Friday

Please send claims to the following address:

Mail to: Health Special Risk, Inc.
8400 Belleview Drive, Ste 150
Plano, TX 75024

Fax: (972) 512-5820

Email: claims@hsri.com

CHUBB

Group Name: Fox Valley Technical College

Policy number: N10786204

SEND CLAIMS TO:

MAIL: Health Special Risk, Inc.
8400 Belleview Drive, Ste 150
Plano, TX 75024

FAX: (972) 512-5820

EMAIL: claims@hsri.com

Providers may send bills using **EDI PAYOR ID# 65449.** Please reference the policy number on the left side of this card.

Call Customer Service at (866) 345-0959 for any claim requested questions.