

Claim Form

If you have incurred medical expenses, you are required to complete and submit a Student Assurance Services, Inc. company claim form. Only one claim form is needed for each accident.

HOW TO FIND A CLAIM FORM ON WEBSITE

1. Select and complete the claim form located under your school's webpage. To locate your school, select "Find My School".
2. Select the state where the school is located.
3. Search and select the school's name.
4. From your school's webpage, select "Claim Form".
Note: You can select and print an ID Form.

How to Complete and Submit a Claim Form

1. Parents notify the school immediately if the injury is School related, the school administrator must complete and sign Part A of the claim form.
2. Parents must complete and sign Part B of the claim form. Answer all questions.
Note: If this injury is NOT school-related, then you may complete both Part A and Part B of the claim form.
3. Parents must submit itemized bills (often called UB04 or CMS 1500) that contain date of service, procedure code, diagnosis code, federal tax ID number, and NPI number of the hospital or doctor. Balance due statements cannot be processed.
Note: You can leave a COPY of the claim form and this form with the provider or facility. Providers may submit itemized bills directly to SAS on the student's behalf. However, some providers may require payment at the time service is provided or may send the bill directly to the parent.
4. Parents must submit explanation of benefits (EOBs) from the student's primary insurance coverage showing write-offs, copays, coinsurance, deductibles and payments. This plan pays second to other dental or health insurance coverage. (Coverage is primary in ID, SD and primary if parent-paid in IL)
5. Mail, fax or email the completed claim form, copies of itemized bills, and other insurance EOBs to:

Student Assurance Services, Inc.
P.O. Box 196
Stillwater, MN 55082
Fax: 651-439-0200
Email: claims@sas-mn.com

Tips for Submitting Claims

- **If the accident occurred at school or during a school sport/activity, the claim form must be signed and PART A completed by an authorized school official - contact your school in this situation.**
- If you fax claim information, always include a cover sheet with your name and phone number.
- To avoid processing delays, please submit a fully completed claim form. Answer all questions pertaining to your injury.
- Balance due statements or receipts cannot be processed.
- Submitting the claim form and related bills is your responsibility. Do not rely on the school or health care provider to send claim information.
- Policies have timely filing deadlines, generally one (1) year and ninety (90) days from the date of service to submit proof of loss (may vary based on state law requirements).

Mailing Address:

Student Assurance Services, Inc.
P.O. Box 196
Stillwater, MN 55082

Customer Service:

Toll Free (800) 328-2739
Fax (651) 439-0200

Email to submit a claim:

claims@sas-mn.com