Parent / Guardian Instructions

* READ Instructions on Pg. 1 of Accident Claim Form.

 (School has completed Part 1 (#1 to 15) on Pg. 1, signed & dated.)

* COMPLETE Part II on Pg. 2 (#1 to 10).
* Sign & Date bottom of page 2.
* Sign & Date bottom of page 3 (for NY Claim Form Fraud Statement.)

KEEP a copy of everything for your records.

Immediately SEND original signed claim form to Address on Pg. 1.

When you get bills

COPY bills and SEND to your child’s insurance & receive an ‘Explanation of Benefits’ or EOB statement.

OR

If you are Medicaid Eligible, FIRST file for benefits before submitting expenses to Medicaid.

SEND EOB & copies of individual bills (not statements) to Address on Pg. 1 at top of claim form along **with signed & dated CLAIM form (3 pages)**

***Mailing Address:*** NAHGA Claim Services

 PO Box 189

 Bridgton, ME 04009

*Email:* *claims@nahga.com*

*Fax: 207-647-4569*

*Questions: Contact 1-800-952-4320*

***If you have any questions regarding coverage or claims, please contact NAHGA Claim Services at 1-800-952-4320.***

***2018-07-18***