



Risk Management

CLAIM and HIPAA FILING INSTRUCTIONS

Student and Athletic Accidents

When an injury occurs, a claim must be filed with Student Insurance. In order to consider charges incurred, the following items must be submitted to Risk Management and Student Insurance:

Claim form and HIPAA Authorization must be fully completed, signed by claimant and appropriate college official.

Part 4 of the Claim Form must be completed in full detail. **DO NOT USE "N/A"** or large marks crossing out sections of the form, as the insurance carrier will not accept this information. **NO OTHER INSURANCE** is the appropriate statement to use in this section only when there is no Primary Insurance.

Itemized bills for services rendered must be submitted to: Student Insurance at 10801 National Blvd., Suite 603, Los Angeles, CA 90064. **Statements** or **Balance Due bills** are not acceptable for payment.

Copies of payments made by the students' private coverage, (Explanation of Benefits), if other coverage exists, must be submitted to Student Insurance.

If the student has any other insurance coverage, this personal coverage must pay its normal benefit before the Student Insurance policy will pay anything. **It is the student's responsibility to file his/her own claim with his/her own private carrier.** After the private carrier has paid its benefits, the Explanation of Benefits form that the student receives from the personal carrier along with the corresponding itemized bills must be forwarded to Student Insurance so that any remaining balances can be considered for payment.

Health Maintenance Organizations (HMOs) such as Kaiser, Cigna, Aetna, Anthem Blue Cross, Blue Shield etc., are considered to be valid other insurance coverage. If the student is covered under any prepaid plan, he or she must use those facilities in case of injury. **The Student Insurance carriers will not pay for charges incurred by injured students or athletes who are covered under an HMO and do not use those facilities.**

If the claim submitted is missing any of the above information, this information will be requested from the student twice. If no answer is received, the claim will be closed.

****NOTE: All completed Claim and HIPAA Forms must initially be sent to:**
SANTA MONICA COLLEGE at 1900 Pico Blvd, Santa Monica, CA 90405
ATTN: RISK MANAGEMENT DEPARTMENT