



# How to File a Claim

To process your claim please submit the following three pieces of information:

1. **The Claim Form:** Enables us to open a claim for the treatment of your injury. To avoid delays in claim processing please be sure all fields are completed on this form and include the policyholders policy number. In addition, the claim form must be signed by a school or event official.
2. **Itemized Bills:** We require a CMS-1500 (HICF) or UB04 form from the medical provider's billing office (they will know what these are). Account statements or "balance due" statements are helpful, but do NOT contain all the information needed to process the charges (this is what you will typically receive in the mail). A CMS-1500 form is common form from a physician, and the UB04 form is a common form from a hospital or facility. These forms will have all of the necessary information A-G Specialty Insurance requires to satisfy the itemized bill requirement for each charge.
3. **Explanation of Benefits:** If the student has other medical insurance, all medical bills must be first submitted to the student's primary health insurance for their determination of eligibility. If the charges are not paid in full by the other medical insurance carrier we will need to see a copy of the "Explanation of Benefits" from that carrier prior to issuing benefits from this office.
4. **What if I already made payments?:** If you have already made payments, you may be reimbursed for covered charges. We will still need the itemized bill and corresponding EOB for each charge, in addition to your proof of payment (receipt, copy of check, etc.). If proof of payment is not submitted prior to processing, payment will be issued directly to the provider, and you will need to contact the provider for reimbursement.

These documents should be sent through our secure portal for submission purposes only:

[agadmin.retool.com/p/secure-file-upload](https://agadmin.retool.com/p/secure-file-upload)

Alternatively they can be mailed or faxed to:

**A-G Specialty Insurance, LLC**  
Claims Department  
P.O. Box 21013 Eagan, MN 55121  
**Phone:** (610)-933-0800  
**Fax:** (610)-933-4122  
**Payor ID#** 11370

For claim questions or status updates, please email [\*\*PSIC@agadm.com\*\*](mailto:PSIC@agadm.com)

If you need further information or have any questions, please call 610-933-0800 to speak to one of our highly qualified Customer Service Representatives between the hours of 8:30 a.m. and 6:00 p.m. E.S.T. Monday-Friday



## A-G SPECIALTY INSURANCE, LLC

PO Box 21013, Eagan, MN 55121

Ph: (610) 933-0800 Fx: (610) 933-4122

Customer Service Inquiries: [\*\*PSIC@agadm.com\*\*](mailto:PSIC@agadm.com)

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[\*\*AGspecialtyinsurance.com\*\*](https://AGspecialtyinsurance.com)