

Documents Needed to Pay Claims

There are three key documents Relation Insurance Services must have to process a claim. If any one of these documents is missing, Relation will send a letter to the patient requesting the needed documentation. ***It is very important patients respond to these letters. Claims will be denied without proper documentation.***

1. **Claim Form:** Submitted by the institution and provides details about the nature of the injury and when it occurred. The claim form must be submitted within 30 days of when the injury first occurred.
2. **Fully Itemized Bill:** Typically submitted by the health care provider. Sometimes billing is sent to the primary insurance policyholder (student or parent), in which case it can be forwarded to Relation. The fully itemized bill contains the actual diagnosis codes and amount charged for each treatment. These are sometimes referred to by their standardized form name: **HCFA-1500** form for a doctor's report, or **UB-04** for a hospital report.

A "balance due" bill that just shows the amount billed cannot be used.

3. **Primary Insurance Explanation of Benefits (EOB):** A summary generated by an insurance company explaining how a claim was processed. It will include the insured's name, date of treatment, amount charged by the provider, the amounts covered and not covered by the primary insurance plan, and the remaining patient responsibility.

The EOB is not needed when the student is not covered under another insurance policy. The institution makes note of this information on the claim form.

Quick Tips for Filing a Claim

- ◇ At the time of enrollment or start of the school year:
 - a. collect primary insurance information from your student, and
 - b. advise students and their families of the exact requirements for this secondary insurance policy (outlined above). Establish their cooperation prior to any injury to make sure they understand their role in filing with their primary insurance.
- ◇ Complete and sign the Relation claim form in full at the time of injury or as quickly as possible after the injury (or submit the online claim form). To submit the claim online, simply go to <https://www.admin.renstudent.com/Home/Account/Login>
 - Enter your username and password
 - Click on Claim Form
 - Complete all fields on the online form, including the student's primary insurance information
 - Once everything is entered click submit

- ◇ When submitting the claim form be sure to indicate whether the student has other medical insurance available. Remember, this policy is always excess of other insurance, unless the Primary Excess coverage was purchased.
- ◇ When an incident is reported by the student, provide that student with the secondary insurance ID card and instruct them to present to the doctors and/or hospitals, along with their own primary insurance information. This ID card shows the student is covered by a secondary insurance policy, and advises the provider how to submit charges. This also enables the provider to be HIPAA-compliant when sending charges for processing with the secondary insurance.
- ◇ The school administrator should hold onto ID cards and provide them to the student only when the student is referred to seek outside medical care.
- ◇ **Bills sent to Relation must be completely itemized and include the procedure codes, diagnosis codes, patient name, date of treatment, and amount charged. These bills generally are the HCFA 1500 from the doctor or the UB 04 from the hospital. We cannot use balance forward or patient statements or ledgers.**

Relation Insurance Services
Attn: Claims
P. O. Box 25936
Overland Park, KS 66225
or
claimsadministration@relationinsurance.com

- ◇ For general questions feel free to contact the toll free customer service line at 877-246-6997. We encourage the use of our customer service line for general questions and calls from student and/or their parents.
- ◇ Only the administrator should contact the institution's dedicated claims examiner directly. The dedicated claims examiner is:

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