

School/Student Accident Program
Q&A

What is the Student Accident Program (SAP)?

- Your School District has contracted with ACE Group to provide coverage for an accidental injury suffered by each student during normal school hours, on school premises after normal hours, or at another school or site where the covered activity is sponsored, and during school sponsored and supervised activities.

Who is eligible for SAP?

- All students enrolled in the Rochester City School District.

What happens when an accident or injury occurs?

- After an accident occurs, the student must check in with the school office, nurse or other school personnel to make sure the accident is reported. The school will complete **Part A** of the Accident Claim Form. The school will then forward the Accident Claim Form to the parent or guardian to complete and sign **Part B**.

Where should I send the Accident Claim Form?

- Please complete, sign and mail within 10 business days from the date of injury.
Mail to: **Administrative Concepts, Inc.**
984 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802

*The Accident Claim Form must be on file to process any claims under the School Accident Program

When do I file a claim to SAP?

- All medical claims should be submitted to the student's medical plan first then to SAP with an Explanation of Benefits.
- If a student has coverage through a government plan such as Child Health Plus or Medicaid, claims should be submitted to SAP first.
- All claims related to an accidental injury to a natural tooth should be submitted to the student's medical plan first then to their dental plan (if applicable). Submit any remaining balances to SAP with an itemized bill and Explanation of Benefits from both medical and dental plans.

How do I file a claim?

- Complete and submit a SAP Accident Claim Form, itemized bill, an Explanation of Benefits from your medical insurance (if applicable)

An Itemized bill must include:

- Claim number (if available)
- Name and address of the provider of service or supply (hospital, doctor, etc)
- Patient's full name
- Type of service or supply (office visit, arm x-ray, etc)
- Place of Service (inpatient or outpatient hospital, etc.) Please contact servicing provider for valid Health Care Service Codes (HCSC)
- Date and charge for each service that was rendered or supplies provided
- Patient's diagnosis (the medical condition for which the patient was treated)
- Paid receipts

If you have any questions related to the Student Accident Program, please call Customer Service at 1-888-293-9229.