

Please print or type. Incomplete forms will be returned.
SEND COMPLETED FORM & BILLS TO:

CHUBB

Underwritten by: FEDERAL INSURANCE COMPANY



NAHGA Claim Services
PO Box 189
Bridgton, Maine 04009
(800) 952-4320
(207) 647-4569 Fax

**To open a claim, it is recommended to
EMAIL this signed claim to ncsp@nahgaclaims.com
If you do not use email, you can fax it to 207-647-4569. If
you prefer to use the post office, you can mail it too.**

PART 1: POLICYHOLDER & INSURED

(1) Organization Name Diocese of Dallas		(2) Policy Number 9907-6001	
(3) Claimant - Last Name, First Name		(4) Claimant Social Security Number (not required)	
(5) Mailing Address where Insurance Info/Requests should be mailed		(6) City, State, Zip	
(7) Birthdate	(8) Male <input type="checkbox"/> Female <input type="checkbox"/>	(9) Claimant Phone & Email	
INJURY - Please Complete this Section to report an Injury			
(10) Date of Injury	(11) Where did injury occur?	(12) Part of body injured	
(13) How did injury occur (description of incident)?			(14) Date of first medical treatment
(15) Type of Sport (if applicable)	(16) Sport Designation , if applicable: Practice ___ Game ___ Club ___ Other _____		
(17) Action Taken: <input type="checkbox"/> Released to Parent <input type="checkbox"/> Ambulance Transport <input type="checkbox"/> Referred to MD/Clinic <input type="checkbox"/> Own Accord (Adult) <input type="checkbox"/> Other _____			
(18) Was the claimant supervised when injured? Yes <input type="checkbox"/> No <input type="checkbox"/>		(19) Was injury during travel to or from scheduled activity in a supervised group? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(20) Print Name of Supervisor:		(21) Signature of Supervisor & Job Title:	Date

PART 2: PARENT OR GUARDIAN STATEMENT (Must be completed if claimant is a minor)

(1) Father/Guardian Name	Telephone	(2) Mother/Guardian Name	Telephone
(3) Home Address (Street, City, State, Zip)		(4) Home Address (Street, City, State, Zip)	

PART 4: AUTHORIZATION

I hereby authorize any hospital, physician, employer, or other person who has attended or examined the Claimant to disclose when requested to do so, any information to NAHGA CLAIM SERVICES with respect to any injury, policy coverage, medical history, consultations, prescription or treatment, and copies of all hospital or medical records and itemized bills. A photostatic copy of this authorization shall be considered as effective and valid as the original. I swear that the above information is true and correct to the best of my knowledge and understand that it is a criminal offense to knowingly file a statement of claim containing false or misleading information or to willfully conceal information thereto with the intent to defraud an insurance company.

X

Signature of Claimant (or Parent/Guardian if Claimant is under 18 years of age)

Date

AUTHORIZATION TO PAY BENEFITS TO PROVIDER: I hereby authorize payment directly to the Provider of service for medical benefits, if any, otherwise payable to me for services rendered but not to exceed the reasonable and customary charge for those services.

X

Signature of Claimant (or Parent/Guardian if Claimant is under 18 years of age)

Date

Note: If you do not sign the authorization to pay benefits to the provider and would like payment made directly to you, you MUST submit **paid receipts** with itemized bill for each bill.

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with itemized bill

There is now a \$250.00 deductible per claim.

Student Accident Insurance is not accepted by some providers. You may have to use your own personal medical insurance, then file itemized receipts on the balance of the claim with CHUBB/NAHGA. If you do not have medical insurance, some providers will require cash up front or out of pocket. CHUBB/NAHGA will require this signed claim form by both parent and school and itemized bills to process reimbursement. Parent should reach out to Deb Caswell, debc@nahgaclaims.com, 207-387-7485 with issues.

Please present this form to your provider, doctor, hospital, etc.



Processor for CHUBB insurance

Diocese of Dallas CHUBB PRIMARY INSURANCE

Referral information for Providers to file a claim

Diocese of Dallas maintains an accident insurance policy for all registered PreK-12 Students of the Policyholder and all registered Members of the Parish Youth Groups. This policy is **primary** to any other valid and collectible insurance – it is a primary policy and the **Provider should submit** all claims to NAHGA Claim Services **first**.

1. Providers can submit using a valid HCFA-1500 or UB92/04 form directly to our claim administrator. (parents- the HCFA-1500 and UB92/04 are medical forms that the providers have access to, it is not your responsibility to fill out a claim, find a form, or submit the form) Providers **please submit to:**

NAHGA Claim Services
PO Box 189
Bridgton, Maine 04009-0189
Phone: (800) 952-4320

Policy No.: 99076001

****Electronic Claims Submissions can be sent to NAHGA using Payer ID 67788****

3. **Payment will be made directly to the medical provider**, unless otherwise requested.
4. Contact NAHGA Claim Services (800) 952-4320 with any questions. (Parents, if you provider will not agree to submit their HCFA-1500 or UB92/04, call NAHGA.)
5. Feel free to sign up for online claims viewing at: <https://claims.nahga.com> !

*Disclaimer: Claims submitted under the **Diocese of Dallas** coverage are subject to all policy limitations and exclusions. This instruction sheet is not a guarantee of payment, it is intended only to facilitate submission of claims. NAHGA maintains appropriate standards and procedures to prevent unauthorized access to Protected Health Information in compliance with HIPAA. Please contact them at (800) 952-4320 if you wish to view a complete copy of our Privacy Policy.*