



NCAA POST-ELIGIBILITY INSURANCE: HOW TO FILE A CLAIM

YOUR CLAIM FORM

- The <u>incident report form</u> should be fully completed and submitted with any relevant supporting documents to begin the claim process. This can occur at the start of the benefit period if you anticipate treatment or as treatment is being administered. **Incomplete claim forms are one of the most frequent reasons why claim payments are delayed.**
- The claim form must be signed by the injured person **AND** a school representative.
- Once both parties have completed and signed the form, mail, fax, or email the form and any supporting documents to Mutual of Omaha using the contact information below. It is recommended to save a copy of the completed form for your records.
- DO NOT assume that anyone else will submit this claim form to Mutual of Omaha for you.

Mutual of Omaha PO Box 31156 Omaha, NE 68131 Fax: (402) 351-4732 1-800-524-2324 specialrisk.pei@mutualofomaha.com

EXCESS INSURANCE

- The NCAA Post-Eligibility insurance policy provides coverage on a secondary/excess basis. Mutual of Omaha will consider claims after all other forms of insurance have processed the claims, such as your primary health insurance and your school's basic accident medical insurance, if applicable.
- We will require a copy of your primary insurance Explanation of Benefits (EOB), unless your primary insurance is Medicaid or Tricare. You should receive an EOB from your primary insurance which will include information regarding payment or denial of claims and the reasons why.
 Mutual of Omaha will not be able to consider your claim without this information.

YOUR BILLS

- The NCAA Post-Eligibility insurance policy number is NCAAPEI24-P-054443. Please provide this to all the providers who render services.
- Medical providers will need to bill Mutual of Omaha directly as secondary insurance by fax or mail. Due to HIPAA privacy laws, Mutual of Omaha is unable to request billing information from your medical provider.

This is a general summary of the NCAA Post-Eligibility Insurance Program. The policy contains all of the provisions, exclusions and qualifications of the insurance benefits. If any discrepancy exists between this summary and the policy, the policy will govern and control the payment of benefits.

- "Balance Due" or "Balance Forward" statements that providers mail to the patient do not contain sufficient information to complete your claim.
- Contact your medical provider for **UB04** (hospital bill) or **HCFA 1500** (physician bill) that includes procedure, diagnosis, Tax ID, and payment address for the provider.



- If you have already been to the doctor/hospital and did not know about this coverage, please send all itemized bills to Mutual of Omaha at the address above.
- If you have incurred any out-of-pocket expenses that have not already been reimbursed, please send us proof of payment. Our normal process is to pay your remaining balance to the provider, however, if we receive proof of payment we can reimburse the member.
- Each bill received by Mutual of Omaha will be assigned a claim number and you will receive an Explanation of Benefits (EOB) to show how the claim was processed/paid.

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