

## CLAIMS FILING INSTRUCTIONS FOR USASA ACCIDENT POLICIES

**Note: This coverage is EXCESS of other insurance. Please be sure to submit other insurance information (if available) when requested.**

1. You have been provided with a claim form that is designed specifically for USASA. Please use only this form. Do not delay submitting this form: it must be received with or without attachments, within 90 days from the date of the accident or benefits may be denied due to untimely filing.
2. Part A must be fully completed and signed by the participant or his/her legal guardian.
3. Part B must be fully completed, signed and dated by a local team/USASA organization official.
4. Submit itemized insurance billing forms.\* These forms are available from your health care provider and include the patient's name, condition (diagnosis), type treatment and date the expense(s) was/were incurred. "Balance due" statements are not acceptable.
5. If you have medical coverage under another policy you **must** submit the bills to your primary insurer first and submit a copy of your primary insurer's Explanation of Benefits statement (EOB) to Chartis. **IF YOU HAVE OTHER INSURANCE, YOUR CLAIM CANNOT BE PROCESSED BY CHARTIS WITHOUT YOUR PRIMARY CARRIER'S EOB.**
6. The claim form and any attachments must then be sent to your USASA State Association Officer for validating. The form must be signed at the top by the appropriate State Verification Officer prior to being submitted to the Chartis Claims.
7. Your State Verification Officer will email, fax or mail your COMPLETED form to:  
  
Chartis Claims  
Attn: USASA Claims Unit Policy # 9101928  
A&H Claim Department  
PO Box 25987  
Shawnee Mission, Ks 66225  
  
Email: [A&H.claimssubmissions@chartisinsurance.com](mailto:A&H.claimssubmissions@chartisinsurance.com)  
  
Fax: 866-893-8574
8. Once the completed form is received by Chartis Claims, you and your State Verification Officer will receive a Claims Acknowledgement Letter.
9. AFTER you receive your Acknowledgement Letter, you may contact Angelica Cruz-Forero at (678) 240-1983 (toll free) 866-642-5246 ext 1983 or Myriam Nunez at (913) 495-4994 – (toll free) 877-802-5246 ext 4994 if you have any questions about your claim.

*\*HCFA 1500 form for physicians, UB92 form for facilities, ie, hospitals.*