



How to File a Claim

Temple University Grad/Med Accident Program

To process a medical expense claim, please submit the following three key pieces of documentation:

1. Completed and Signed Claim Form (for each accident)
2. Itemized Bills
3. Explanation of Benefits from your Primary Insurance Carrier

These documents should be mailed or Faxed to:

A-G Administrators, Inc.
Claims Department
P.O. Box 979
Valley Forge, PA. 19482
(610) 933-4122 Fax
(610) 933-0800 Phone
(800) 634-8628 Toll Free

1. Completed and Signed Claim Form

This enables the administrator open a claim for evaluation and determination of payment for any covered expenses related to the accident. To avoid delays in claim processing please be sure the "other insurance" portion of the claim form is completed in full.

The claim form must be signed by a designated "school official" such as Department Head, Human Resources or Risk Management.

2. Itemized Bills (industry standard forms HCFA1500 or UB92):

Please include copies of all medical bills, showing the name and address of the provider of service, date of service, type of service and the charges. Account statements or "balance due" statements are helpful, but do not contain all the information needed to process the charges.

3. Explanation of Benefits:

If you have other medical insurance, all medical bills must be first submitted to that medical insurance carrier for their determination of eligibility and payment. If the charges are not paid in full or denied by the other medical insurance carrier, it is required to send a copy of the "Explanation of Benefits" from that carrier prior to this program issuing any benefits.

If you have no primary medical insurance the need for an "Explanation of Benefits" will not be applicable to your claim.

IN THE EVENT THERE IS AN ACCIDENTAL DEATH OR DISMEMBERMENT, PLEASE IMMEDIATELY CONTACT THE OFFICES OF RISK MANAGEMENT & INSURANCE