For the Medical Provider or Billing Office

The patient named in this claim is covered under a school-sponsored accident insurance plan through ***Riverside Community College District*** and the policy number associated with this program is: ***A2547591-125-SA***. This plan is administered by **Davies Life & Health** on behalf of Certain Underwriters at Lloyd's, London. If benefits are assigned, payment will be issued directly to the provider. Please add us as a payor in your system for the purpose of claims processing.

This coverage should not be confused with third-party liability coverage, which applies only when another party is legally responsible for the Injury. Though the school district is the policyholder, the injured student is the Covered Person under the policy.

If the patient has primary health coverage

(other than Medicaid, Medicare, or Tricare)

- This plan is considered secondary.
- This program may help cover eligible out-of-pocket expenses remaining after the primary health plan has processed the claim.
- The patient should have presented their primary health insurance information to your office for treatment to be processed in accordance with that plan's normal billing, network, and authorization requirements.
- Please process the claim through the patient's primary health plan in accordance with its normal billing procedures.
- Separately, please submit the information identified in the "What to Submit" section below to Davies Life & Health.

If the patient does not have primary health coverage

(or are recipients of Medicaid, Medicare, or Tricare)

- This plan is considered primary.
- Please submit claims directly to us for review and processing as outlined in the "What to Submit" section below. Do not submit claims to Medicare, Medicaid or Tricare.
- This plan utilizes the **Prime Health Services** provider network to help reduce out-of-pocket costs for Covered Persons. If you have questions regarding network participation or reimbursement, please contact: Davies Life & Health at (413)-747-1545 or DLHSTMMclaims@us.davies-group.com. You may also contact Jane Star, ABCover Claims Specialist, for assistance at (714) 767-9481 or jane.starr@abcover.org

What to Submit

Please send itemized insurance billing forms in either CMS-1500 (for professional/clinic services) or UB-04 (for hospital/facility services) format. Unfortunately, patient receipts, balance summaries, or other statements cannot be accepted in place as the forms must include:

- Patient's Name and Date of Birth
- Provider Name and Service Address
- Date(s) of service
- Diagnosis
- Procedure Code and Description of Service
- Units of Procedures
- Amount Charged per Procedure Code
- Provider Tax ID number
- National Provider Identifier (NPI)

Billing Setup

Please reference the patient and school name when billing. Requested information may be submitted by:

Mail: **Davies Life & Health, Inc., 1500 Main Street, Suite 1400, Springfield, MA 01115-5189**
Fax: **(413) 747-1545**
Email: **DLHSTMMclaims@us.davies-group.com**

Summary of Benefits

Injury Medical Expense Benefits. Eligible Costs are limited to the Usual, Reasonable and Customary Charges incurred for Required Care and Treatment related to an Eligible Event.

Injury Medical Expense Benefit	100% of Reasonable and Customary charges up to $25,000
Shared Deductible per Occurrence	$0
Maximum Coverage Duration	2 years after the date of the Eligible Accident
Criminal Harm Assistance Benefit*	Up to $5,000
Critical Acute Medical Event** Protection	Up to $3,000

* A counseling benefit after an intentional act of violence directed at an Covered Person that results in a physical Injury requiring medical attention. To qualify under this definition, the incident must be formally documented in writing with law enforcement by an authorized representative of the Policyholder within 24 hours of its occurrence.

** A sudden health condition of such severity that failure to obtain immediate medical care could place the Insured Individual's life at risk or result in serious harm.

Note: The school may have also purchased a separate catastrophic injury program that extends some of the benefits listed above. If you would like to confirm whether additional coverage applies, please contact us.

Questions?

(844) 304-3550