Amherst College has obtained a Secondary (Excess) Athletic Accident Insurance policy in the event that a student-athlete is injured during a covered sporting event and will require outside medical treatment. An Injury Claim form will be submitted on behalf the student-athlete to BMI Benefits, the Claims Company for the accident coverage.

Please be advised that this coverage is excess/secondary to all other valid and collectable insurance plans. Each student-athlete should initially provide their primary health insurance information to each medical provider at the time of treatment, as well as the Excess/Secondary Athletic Accident insurance information. This policy is designed to cover any remaining balances of expenses related to a covered injury/accident that are not covered by the student-athlete's primary insurance (including co-pays, deductibles, coinsurance, etc.) once the $500 per Injury Deductible has been met. This deductible coordinates with primary insurance, and thus, reduces with payments made by primary insurance towards eligible claims.

To ensure that claims are covered under the Excess/Secondary Athletic Accident Insurance student-athletes are asked to give the billing information to each medical provider prior to every medical treatment and/or service for an athletic related injury. However, in many cases the medical provider may still send you a bill! The following actions should be fulfilled by the student-athlete if a balance due statement is received in order for the balance to be properly submitted for consideration under this policy, and processed in a timely manner.

1. Call the medical provider’s Billing Department.
   (Telephone number found on statement)

2. Inform the Billing Department that you have a secondary insurance policy.

3. Give the Billing Department the secondary insurance policy information:
   Claims Company: BMI Benefits
   Mailing Address: PO Box 511
   Matawan, NJ 07747
   Phone Number: (800) 445-3126
   Fax Number: (732) 583-9610
   ID Number: SRG 009155326
   Group Name: AMH201920

4. Instruct the Billing Department to send the following to BMI Benefits:
   a. HICF-1500 or UB04 Form (for the date(s) of service listed on statement/bill)
   b. Primary insurance EOB (for the date(s) of service listed on statement/bill)

5. For reimbursement of bills already paid out of pocket, forward all receipts and/or proof of payment to BMI Benefits along with the above documentation.

Please Note: you may contact Gallagher Student Health & Special Risk, Amherst College’s insurance broker, if you have any questions regarding coverage. Their contact information is as follows:

Phone: (877) 345-8928
E-mail: SpecialRisk@GallagherStudent.com