



Fox Chapel Area SCHOOL DISTRICT

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Procedure for Enrolling in Student Accident Insurance

1. Obtain an enrollment form from the school office or <https://www.fcasd.edu>.
2. Completed enrollment forms and check/ money orders made payable to United States First Insurance Company c/o A-G Administrators LLC should be returned directly to:

A-G Administrators LLC
PO Box 824936
Lock Box #824936
Philadelphia, PA 19182-4936

Procedure for filing a Student Accident Claim

1. Obtain a claim form from the school office or <https://www.fcasd.edu>.
2. Complete the K-12 student accident claim form including both a parent/ guardian signature and school official signature. Attach all itemized bills and submit the form within 90 days of the accident to:

A-G Administrators LLC
Claims Department
PO Box 21013
Eagan, MN 55121
Fax: 610.933.4122
Email: claims@agadm.com

3. Any subsequent bills should be submitted to A-G Administrators LLC with identification as to the School District, student's name, date of injury, and if available, the claim number. No additional claim form is necessary.
4. If authorization is given on the claim form, benefits will be made payable to the physicians and providers indicated on the invoices.
5. If the student has other medical insurance, all medical bills must first be submitted to the student's primary health insurance for determination of eligibility. If the charges are not paid in full by the other medical insurance carrier A-G Administrators LLC will need to see a copy of the "Explanation of Benefits" form.
6. Any questions regarding claims may be referred directly to A-G Administrators LLC at 610.933.0800 or customerservice@agadm.com.