



**To: Texas Superintendents, Athletic Directors and/or Insurance Purchasers**

**From: Tom Lenihan, President, *Health Special Risk, Inc.***

**Re: HSR/TSR K-12 Student & Athlete Accident Insurance for 2015/16**

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Your **2015/16 *Health Special Risk, Inc. (HSR)*/Texas Student Resources (TSR) K-12 Student & Athlete Insurance Program** information is enclosed in this CD for your review. We are very appreciative of your business and excited about our partnership with the **Texas Student Resources (TSR)** agency network and our insurance carriers for 2015/16. The partnership **HSR & TSR** will continue the tradition of delivering to you, our Texas school districts, only the very best student & athletic insurance programs. The **HSR & TSR** partnership brings to you, your students and district a combination that is unmatched in Texas today:

Enclosed for your use are:

1. ***Claim Form*** – We have also included a PDF of the claim form with instructions on how to submit a claim online, via US Mail or via email.
2. ***Instructions to use HSR technology tools:***
  - a. How to register to use “claim lookup”
  - b. How to register for Loss Runs web portal
  - c. ***HSR K12 Fast Track*** (<http://www.hsri.com/K12FT>)
3. ***No Balance Billing Network***
4. ***Voluntary Rates and Schedule of Benefits***
5. ***HSR's Online Flyer for Voluntary Student Insurance Enrollment.*** This flyer provides easy-to-understand instructions (in English & Spanish) and directions for enrolling online at [www.K12StudentInsurance.com](http://www.K12StudentInsurance.com). The process is very simple. Each parent enrolling their student will receive a confirmation of coverage email and can view and download the plan benefits.
6. ***HSR & TSR contact information.*** All the names, phone numbers and email address of all the individuals involved in your insurance program are attached.

Our staff is ready and able to meet your needs. Please feel free to contact any of us at any time for assistance. We are here to serve you.

Again, we thank you very much for your business and we look forward to the opportunity to again work with you and your district in 2015.

Best regards,

Tom Lenihan

***Thomas J. Lenihan III - President - Health Special Risk, Inc.***

***HSR Plaza II, 4100 Medical Parkway, Carrollton, Texas 75007***

***Direct: (972) 512-5700 - Cell: (972) 741-6507 - [tomlenihan@hsri.com](mailto:tomlenihan@hsri.com) - [www.healthspecialrisk.com](http://www.healthspecialrisk.com)***



## **TEXAS STUDENT RESOURCES AGENTS**

- Keith Cargile – (817) 275-6453 - [kcargile@sbcglobal.net](mailto:kcargile@sbcglobal.net)
- Marion Turner – (903) 984-8048 - [mmtt1940@cablerynx.com](mailto:mmtt1940@cablerynx.com)
  - Kent Holbert – (903) 886-6943 - [kholbert@koyote.com](mailto:kholbert@koyote.com)
  - Buddy Peel – (325) 245-9330 - [buddypeel@verizon.net](mailto:buddypeel@verizon.net)
  - Calvin Martin – (806) 670-5553 - [jcmains@nts-online.net](mailto:jcmains@nts-online.net)



## **HSR K-12 INSURANCE TEAM**

### **Sales & Policy Service – HSR Texas Office**

- Cassandra Talton, K-12 Program Team Leader, (972) 512-5660 - [CassandraTalton@hsri.com](mailto:CassandraTalton@hsri.com)
- Tom Lenihan, President, (972) 512-5700 - (972) 741-6507 (cell) - [tomlenihan@hsri.com](mailto:tomlenihan@hsri.com)

### **Claims – HSR Texas Office**

**Toll Free HSR Customer Service Claims Center: 1-866-409-5734**

**Open 8:00 AM – 6:00 PM daily**

**Electronic claim submission to: [k12claims@hsri.com](mailto:k12claims@hsri.com)**

**Via FAX (972) 512-5818**

- Jamie Luper, Customer Service Manager, (972) 512-5741 – [jamieluper@hsri.com](mailto:jamieluper@hsri.com)
- Julie Daniel, Claims Manager, (972) 512-5713 – [juliedaniel@hsri.com](mailto:juliedaniel@hsri.com)
- Cathy Ray, Claims / Customer Service Director (972) 512-5710 – [cathyray@hsri.com](mailto:cathyray@hsri.com)

### ***Health Special Risk, Inc.***

- HSR Plaza II, 4100 Medical Parkway, Carrollton, Texas 75007
- 880 Sibley Memorial Highway, Suite 101, Mendota Heights, MN 55118  
[www.healthspecialrisk.com](http://www.healthspecialrisk.com)



***Health Special Risk, Inc.***

**AMERICA'S MGU & TPA**

**for**

**Special Risk, Sports Accident,  
Disability, K-12, Trucking,  
Property, Loss of Use**

**and**

**Accident & Health  
Insurance Programs**

***Health Special Risk, Inc.***

*HSR Plaza II, 4100 Medical Parkway, Carrollton, Texas 75007 (972) 512-5600  
880 Sibley Memorial Highway, Suite 101, Mendota Heights, MN 55118 (651) 455-8889  
[www.healthspecialrisk.com](http://www.healthspecialrisk.com)*



# *Health Special Risk, Inc.*

## **Mission Statement**

*“Our mission is to assist you, our clients, by providing high quality insurance products and administrative services, competitively priced and backed by our superior service.”*

**April, 2014**



## **MGU & TPA INSURANCE PRODUCTS**

**HSR** is one of America's leading Managing General Underwriter (MGU) and Third Party Claims Administrator (TPA) for Sports, Special Risk, Travel, K-12, Association, Occupational Accident, and Accident & Health Insurance business, as well as a national underwriting manager (MGU) and for Special Risk Insurance. Some of our insurance products and services include:

- ◆ **Youth & Adult Amateur & Professional Athletic/Sports programs**
- ◆ **Church programs for day-cares, athletics, seniors & mission trips**
- ◆ **Youth & Adult organization activities insurance**
- ◆ **Athletic & Student programs, K-12, College & Charter, public or private**
  - Mandatory Base Plans
  - Voluntary Accident Plans
  - Catastrophic Accident Plans
- ◆ **Accidental Death & Dismemberment**
- ◆ **Trucker's Occupational Accident & Passenger Accident programs**
- ◆ **Disability Income**
  - Group, Individual, Self-Insured, Accident or Sickness
- ◆ **Rodeo Insurance**
- ◆ **Property claims administration for Personal Effects, Baggage, Property, Loss of Use, In-Transit, Towing**
- ◆ **Camps & Conferences**
- ◆ **Inter-Collegiate & Inter-Scholastic Athletics**
- ◆ **Occupational Accident programs**
- ◆ **Day Care Centers**
- ◆ **Rental Car & Truck programs – Accident, Health, Property & Towing**
- ◆ **Bicycle Insurance – Property, Inland Marine, Theft, Repair & Assistance**
- ◆ **Travel Insurance**
  - AD&D, Accident & Sickness Medical, Trip Cancellation; Baggage, Med Evac, Repat, Currency Conversion and legal/travel assistance programs
  - "In-bound" and/or "Out-bound" basis.
- ◆ **Health Insurance Plans**
  - Short-Term Medical
  - Limited Medical
  - College Accident & Sickness
  - Critical Illness
- ◆ **Association programs**



## **TPA CLAIM ADMINISTRATION AGREEMENTS**

Below is a listing of the insurance entities that have authorized **HSR** to adjudicate Accident & Health and in some cases property insurance benefits on their behalf as an independent Third Party Administrator (TPA) and, in some instances, to underwrite Special Risk insurance as a Managing General Underwriter (MGU).

### **NEW EFFECTIVE JANUARY 1, 2014:**

- **LIBERTY MUTUAL INSURANCE COMPANY**  
**Accident & Health insurance**
- **TRANSAMERICA: STONEBRIDGE CASUALTY**  
**INSURANCE COMPANY**  
**Bicycle Property insurance**
- ◆ **ACE AMERICA INSURANCE COMPANY**
- ◆ **AXIS SPECIALTY INSURANCE COMPANY**
  - ◆ **CATLIN INSURANCE COMPANY**
  - ◆ **COMBINED INSURANCE COMPANY**
- ◆ **FEDERAL INSURANCE COMPANY (Chubb)**
  - ◆ **MARKEL INSURANCE COMPANY**
- ◆ **MUTUAL of OMAHA INSURANCE COMPANY**
  - ◆ **QBE INSURANCE CORPORATION**
  - ◆ **STARNET, ACADIA and GREAT DIVIDE**  
**insurance companies (Berkley)**
- ◆ **STARR INDEMNITY & LIABILITY COMPANY**
- ◆ **UNITED HEALTHCARE INSURANCE COMPANY**
- ◆ **UNITED STATES FIRE, THE NORTH RIVER and CRUM**  
**& FORSTER insurance companies (Fairmont Specialty)**
  - ◆ **VIRGINIA SURETY COMPANY, INC.**



## **TPA LICENSES & AUTHORITIES HELD**

### **Texas**

(State of TPA Operation)

### **Minnesota**

(State of Incorporation)

***Health Special Risk, Inc.* is licensed in every state in the United States of America which requires a TPA license.**

## **PPO DISCOUNTING NETWORKS**



## **NEGOTIATING NETWORKS**



## **A.M. BEST COMPANY DESIGNATION**

**EXPERT SERVICE PROVIDER (2009)**

**THIRD PARTY CLAIMS ADMINISTRATOR**



**HSR's TECHNOLOGY TOOLS**  
**for our insurance companies, agents & policyholders**

***HSR* utilities the Trizetto *QicLink* Claims Adjudication System**

**[www.healthspecialrisk.com](http://www.healthspecialrisk.com)**

**HSR Main Website**

**Contains general info, forms, links to other sites**

**<https://www.hsri.com/Login.jsp>**

**Claims Portal**

**Provides insurance company claims personnel direct access, 24/7, to our QicLink Claims Adjudication System for claims review and auditing**

**[https://www.hsri.com/HSR\\_Reports](https://www.hsri.com/HSR_Reports)**

**Online Claims Report Tool**

**Provides Loss Run Reports (and others as developed) for policyholders, agents and company personnel 24/7**

**[https://www.hsri.com/K12\\_Enrollment](https://www.hsri.com/K12_Enrollment)**

**K-12 Student Insurance Enrollment**

**Online access for students & parents to purchase/monitor K-12 Student & Athlete insurance**

**<https://www.hsri.com/K12FT>**

**K-12 Fast Track**

**Provides school officials with the ability to track student insurance coverages on students & submit online claims forms**

**[https://www.hsri.com/RAPTOR\\_ext](https://www.hsri.com/RAPTOR_ext)**

**RAPTOR (external) Website**

**Allows our partners to enter items directly into our internal communications database. Useful for expediting claims issue resolution.**





## **HSR Professional Staff Directory – April, 2014**

<b><u>Employee</u></b>	<b><u>Title</u></b>	<b><u>Direct #</u></b>	<b><u>Email</u></b>
<b><u>UNDERWRITING &amp; K-12 STUDENT INSURANCE</u></b>			
<a href="#">Emily Frank</a>	Underwriting Manager	(651) 717-4566	<a href="mailto:emilyfrank@hsri.com">emilyfrank@hsri.com</a>
<a href="#">Cassandra Talton</a>	K-12 Student Insurance Team Lead	(972) 512-5660	<a href="mailto:cassandratalton@hsri.com">cassandratalton@hsri.com</a>
<a href="#">Jenny Moster</a>	Underwriter	(651) 717-4561	<a href="mailto:jiennymoster@hsri.com">jiennymoster@hsri.com</a>
<a href="#">Beth Rahn</a>	Underwriter	(651) 717-4562	<a href="mailto:bethrahn@hsri.com">bethrahn@hsri.com</a>
<b><u>CLAIMS ADMINISTRATION &amp; CUSTOMER SERVICE</u></b>			
<a href="#">Cathy Ray</a>	Director	(972) 512-5710	<a href="mailto:cathyrav@hsri.com">cathyrav@hsri.com</a>
<a href="#">Shahnaz Kakesh</a>	Data Entry Manager	(972) 512-5640	<a href="mailto:shahnazkakesh@hsri.com">shahnazkakesh@hsri.com</a>
<a href="#">Jamie Luper</a>	Customer Service Manager	(972) 512-5741	<a href="mailto:jamieluper@hsri.com">jamieluper@hsri.com</a>
<a href="#">Julie Daniel</a>	Claims Manager	(972) 512-5716	<a href="mailto:juliedaniel@hsri.com">juliedaniel@hsri.com</a>
<a href="#">Susie Lowman</a>	Auditor	(972) 512-5720	<a href="mailto:susielowman@hsri.com">susielowman@hsri.com</a>
<a href="#">Susan Barrows</a>	Team Lead - Adjustments	(972) 512-5711	<a href="mailto:susanbarrows@hsri.com">susanbarrows@hsri.com</a>
<a href="#">Tiffany Holmes</a>	Sr. Customer Services Rep.	(972) 512-5923	<a href="mailto:tiffanyh@hsri.com">tiffanyh@hsri.com</a>
<a href="#">Sandy Snead</a>	Client Relations Rep.	(972) 512-5743	<a href="mailto:sandysnead@hsri.com">sandysnead@hsri.com</a>
<b><u>INFORMATION TECHNOLOGY &amp; DEVELOPMENT</u></b>			
<a href="#">Dick Irwin</a>	Director	(972) 512-5630	<a href="mailto:dickirwin@hsri.com">dickirwin@hsri.com</a>
<a href="#">Michael Arwine</a>	Communications & Systems Manager	(972) 512-5631	<a href="mailto:michaelarwine@hsri.com">michaelarwine@hsri.com</a>
<a href="#">Susan Brownell</a>	Policy Administration Manger	(972) 512-5620	<a href="mailto:susanbrownell@hsri.com">susanbrownell@hsri.com</a>
<a href="#">Geoff Seals</a>	Senior Software Engineer	(972) 512-5631	<a href="mailto:geoffseals@hsri.com">geoffseals@hsri.com</a>
<a href="#">Glen Gonzalez-Germann</a>	Senior Computer Specialist	(972) 512-5622	<a href="mailto:glengonzalez-germann@hsri.com">glengonzalez-germann@hsri.com</a>
<b><u>ACCOUNTING &amp; HUMAN RESOURCES</u></b>			
<a href="#">Cheryl Mahaffey</a>	Director	(972) 512-5650	<a href="mailto:cherylmahaffey@hsri.com">cherylmahaffey@hsri.com</a>
<a href="#">Debra Black</a>	Accounting & Human Resources Manager	(972) 512-5671	<a href="mailto:debrablack@hsri.com">debrablack@hsri.com</a>
<a href="#">Bernadette Grainger</a>	Boy Scouts Coordinator	(972) 512-5656	<a href="mailto:bernadettegrainger@hsri.com">bernadettegrainger@hsri.com</a>
<b><u>EXECUTIVE</u></b>			
<a href="#">Tom Lenihan</a>	President	(972) 512-5700 Cell: (972) 741-6507	<a href="mailto:tomlenihan@hsri.com">tomlenihan@hsri.com</a>
<a href="#">Phil Munson</a>	Chairman	(651) 717-4568 Cell: (651) 303-3653	<a href="mailto:philmunson@hsri.com">philmunson@hsri.com</a>

*HSR*  
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## STUDENT CLAIM FORM

1. Please fully complete this form  
 2. Attach itemized bills  
 3. Mail, E-mail or Fax to HSR



P.O. Box 117558  
 Carrollton, Texas 75011-7558  
 Phone: (972) 512-5600 Fax: (972) 512-5818  
 Toll Free (866) 409-5734  
 E-mail : K12claims@hsri.com

School District: \_\_\_\_\_

School Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

**PART I – POLICYHOLDER’S REPORT**

1. Claimant’s Name (injured/ill person)		2. Social Security Number		3. Gender <input type="checkbox"/> M <input type="checkbox"/> F		4. Date of Birth		5. E-Mail	
6. Address of Injured Person						7. Phone Number (include area code)			
8. Parent/Legal Guardian Name, Address, City, State & Zip						9. Phone Number (include area code)			
10. Date of Accident/Illness		11. Time of Accident <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		12. Place where Accident Occurred (include city& state)				13. Date of First Treatment	
Dental Claims	14. Indicate which Teeth were Involved in the Accident			15. Describe Condition of Injured Teeth Prior to Accident: <input type="checkbox"/> Whole, Sound, and Natural <input type="checkbox"/> Filled <input type="checkbox"/> Capped <input type="checkbox"/> Artificial					
16. Type of Injury (Indicate Part of Body Injured – e.g. broken arm, sprained ankle, etc.)						Did Injury Result in Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
17. Describe How Accident Occurred or the Nature of the Illness – Give all possible details									
18. Which Best Describes the Activity:			<input type="checkbox"/> During lunch hour			<input type="checkbox"/> Athletic period			
<input type="checkbox"/> Play or practice of interscholastic sports			<input type="checkbox"/> In school bus			<input type="checkbox"/> On school property during school hours			
<input type="checkbox"/> Not school related			<input type="checkbox"/> School sponsored field trip			<input type="checkbox"/> School sponsored activity during school hours			
<input type="checkbox"/> P.E. class			<input type="checkbox"/> Traveling to/from school			<input type="checkbox"/> ROTC activity			
19. Name of Person Supervising the Activity					20. If engaged in an Interscholastic Sport at the time of the injury, what was the sport?				
Signature of Parent/Legal Guardian:					Signature of School Official:				
X _____ Date: _____					X _____ Date: _____				

**PART II – OTHER INSURANCE STATEMENT**

Do you/spouse/parent have medical/health care or is the Claimant enrolled as an individual, employee or dependent member of a Health Maintenance Organization (HMO) or similar prepaid health care plan, or any other type of accident/health/sickness plan coverage through your employer or other source on you or, if applicable, does your son/daughter have health care coverage as a dependent from your previous marriage as mandated in a divorce decree? ☐ Yes ☐ No

If Yes, name of insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

If applicable, claimant’s primary employer name, address, and phone number \_\_\_\_\_

If applicable, mother’s primary employer name, address, and phone number \_\_\_\_\_

If applicable, father’s primary employer name, address, and phone number \_\_\_\_\_

**IF OTHER INSURANCE OR HEALTH CARE PLANS EXIST, PLEASE SUBMIT COPIES of their EXPLANATION OF BENEFITS along with your claim.**

**IF NO OTHER INSURANCE or HEALTH PLAN EXISTS, PLEASE READ & SIGN BELOW.**

**I agree that should it be determined at a later date there is insurance (or similar), to reimburse *HEALTH SPECIAL RISK, INC.*, or the insurance company to the extent of any amount collectible.**

Signature of Parent/Legal Guardian:		Signature of Witness:	
X _____ Date: _____	X _____ Date: _____		

**PART III – AUTHORIZATION TO PAY BENEFITS TO PROVIDER**

I hereby authorize medical payments to be made directly to doctor(s), hospital(s), or indicated provider(s) of service(s) in connection with this claim. (If not signed submit proof of payment)

**SIGNATURE**

DATE

I hereby authorize any insurance company, hospital, physician or other person who has attended or examined the claimant to disclose when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original.

**SIGNATURE****DATE**

## FRAUD STATEMENTS

### FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED BELOW:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Alaska and Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false, incomplete or misleading information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be prosecuted under state law.

**Arizona:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas, Louisiana, Maryland, West Virginia & Rhode Island : Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Connecticut:** This form must be completed in its entirety. Any person who intentionally misrepresents or intentionally fails to disclose any material fact related to a claimed injury may be guilty of a felony.

**Delaware, Idaho, Indiana:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida: WARNING :**Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Georgia:** Any natural person who knowingly or willfully

1) Makes or aids in the making of any false or fraudulent statement or representation of any material fact or thing:

- a) In any written statement;
- b) In the filing of a claim; or
- c) In the receiving of money for an application for a policy of insurance for the purpose of procuring or attempting to procure the payment of any false or fraudulent claim or other benefit by an insurer;

2) Receives money for the purpose of purchasing insurance and converts such money to such persons own benefit;

3) Issues fake or counterfeit insurance policies, certificates of insurance, insurance identification cards, or insurance binders; or

4) Makes any false or fraudulent representation as to the death or disability of a policy or certificate holder in any written statement for the purpose of fraudulently obtaining money or benefit from an insurer commits the crime of insurance fraud.

**Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Michigan, North Dakota, South Dakota:** Any person who knowingly and with intent to defraud any insurance company or another person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects the person to criminal and civil penalties.

**Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Nevada:** Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under state or federal law, or both, and may be subject to civil penalties.

**New Hampshire:** Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico and Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** Warning: Any person who knowingly, and with intent to defraud any insurance company or other persons files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be subject to prosecution for insurance fraud.

**Tennessee, Virginia, Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Listed below are important instructions and comments about filing a claim.

#### **YOUR CLAIM FORM**

1. This claim form should be fully completed and submitted within 90 days from the date of injury. Be sure to answer and complete the section regarding “**OTHER INSURANCE STATEMENT**”, marking either yes or no, and signing the line for authorization, so that **HSR** and the doctors/hospital may communicate concerning your claim.  
**Incomplete claim forms are one of the most frequent reasons why claim payments are delayed.**
2. Only one claim form for each accident needs to be submitted.
3. Once completed, make a photocopy for your records, and mail to the address shown below.
4. DO NOT assume that anyone else will mail this claim form to **HSR** for you.

#### **YOUR BILLS**

1. Please advise all doctors/hospitals regarding this coverage so they may forward us their itemized bills.
2. If you have already been to the doctor/hospital and did not know about this coverage, then please send all of the itemized bills to **HSR** at the address shown below.
3. The bills should include the name of the doctor/hospital, their complete mailing address, telephone number, the date you were seen by the doctor/hospital, what the doctor saw you for (diagnosis) and the specific itemized charges (description of treatment and amount) incurred (including the CPT/procedure code).
4. If this information is not on the bill when you send this in we will have to contact the doctor/hospital which will delay the review of your claim. “Balance Due” or “Balance Forward” statements do not contain sufficient information to complete your claim.

#### **EXCESS INSURANCE**

1. This policy provides coverage on a secondary/excess basis. If you have any other primary insurance coverage you need to send the bills to your primary insurance first.
2. **HSR** will consider benefits after your other, primary insurance has processed the claim.
3. We will require a copy of your primary insurance Explanation of Benefits (EOB) which you should receive from your primary insurance letting you know what was paid or denied, and the reason(s) why.
4. **HSR** will not be able to consider your claim without this information.

If you have any questions, please contact Customer Service at (866) 409-5734. They are available from 8:00 a.m. thru 6:00 p.m. central time, Monday – Friday. You may also forward any documents by fax to (972) 512-5818.

***Health Special Risk, Inc.***  
**P.O. Box 117558**  
**Carrollton, TX 75011-7558**



Dear [USER]:

You are currently registered as an active user of the **HSR K12 Fast Track** (<http://www.hsri.com/K12FT>) website. This website allows you to view the current student insurance enrollment for your campus.

In order to continue as a registered user for the upcoming 2015/2016 school year, you will need to re-register by clicking on the "Re-Register" button that will appear (post-7/1/2012) after successfully logging into the system. If the district/campus has renewed with **HSR** with the same **policyholder** name, the re-registration is automatic. If for some reason, the **policyholder** name has changed, manual intervention will be required. If manual intervention is required, please direct all questions to [ClientRelations@hsri.com](mailto:ClientRelations@hsri.com). Include "**Attention: Cassandra**" in the subject of your email.

Please allow up to 3 business days to process the request. In either case, your password will be reset and you will receive an email with instructions. Please direct all questions/comments to [ClientRelations@hsri.com](mailto:ClientRelations@hsri.com). Include "**Attention: Cassandra**" in the subject of your email.

Please note that since the data displayed on the website is personal in nature, security credentials to the site MUST be safeguarded and kept confidential and private.



## ***HSR Student Athletic Provider Network***

**Sign Up Today**

Wednesday, March 04, 2015

[contact name]  
[contact address]  
[city], [st] [zip]

<b>Health Special Risk</b>  <b>EDI Payor ID # 65449</b>
---

Dear [contact name]:

You are receiving this letter because a local school district trainer and their students wish to use your services but you are not currently a ***HSR Student Athletic Provider Network Preferred Provider***.

Please take a moment to complete the accompanying form in its entirety. Fax it to us at **972-512-5819** or mail to the address below. By enrolling with the ***HSR Student Athletic Provider Network*** you can ensure that your firm will be able to continue to provide local student athletes with the quality medical care they deserve.

***Health Special Risk, Inc. (HSR)*** and **Texas Student Resources** have been providing Student-Athlete Accident Insurance within Texas and your community for years and we desire to continue the relationship. The ***HSR Student Athletic Provider Network*** provides for “no balance billing” for those students and athletes covered under our insurance programs for your local school districts.

We have provided highlights of our program (see accompanying schedule of benefits) for your review. Our programs offer competitive and enhanced coverage over competing networks, including our exclusive right to offer benefits such as Mutual of Omaha’s high limit catastrophic coverage and our new post concussion management testing, to name just a few.

By joining the ***HSR Student Athletic Provider Network*** of preferred providers, we will ensure your offering of good will towards your community will be communicated to the surrounding school districts and associated administration, athletic directors, trainers, and coaches. We will further guide students directly to your services through our available network and web site offerings.

Sincerely,

Tom Lenihan  
President

### **Texas Student Resources**

**Keith Cargile:** (817) 275-6453, [kcargile@sbcglobal.net](mailto:kcargile@sbcglobal.net)

**Kent Holbert:** (903) 886-6943, [kholtbert@koyote.com](mailto:kholtbert@koyote.com)

**Marion Turner:** (903) 984-8048, [mmtt1940@live.com](mailto:mmtt1940@live.com)

**Buddy Peel:** (325) 245-9330,

**Calvin Martin:** (806) 670-5553,

### ***HSR Student Athletic Provider Network***

*HSR Plaza II, 4100 Medical Parkway, Carrollton, Texas 75007 - (800) 328-1114*

**[www.K12StudentInsurance.com](http://www.K12StudentInsurance.com)** - **[www.healthspecialrisk.com](http://www.healthspecialrisk.com)**



**Health Special Risk**  
**Texas Student Accident Network**  
**Network Agreement**

This **Health Special Risk Texas Student Accident Network** agreement is effective upon receipt between **Health Special Risk, Inc.** (“**HSR**”) and provider (“**Provider**”, see below).

WHEREAS, **HSR** has contracted with insurance carriers to make available the option of using the **Health Special Risk Texas Student Accident Network** provider, **HSR** has provided appropriate steerage through its network and web site, **HSR** has been selected by the participating school district(s), and will notify school districts of the agreement for their students;

WHEREAS, **Provider** is duly licensed in the State of Texas and desires to participate in the **Health Special Risk Texas Student Accident Network** provider panel established by **HSR** subject to this Agreement.

**Provider has agreed to abide by the following provisions:**

1. Provider agrees to be listed as a participating Network Provider for the **Health Special Risk Texas Student Accident Network** which is marketed to Texas School Districts.
2. Provider agrees to bill student's primary insurance coverage first, when applicable. The student insurance plan, provided through **HSR** on behalf of the school district, will be billed as a secondary insurance (excess).
3. In those instances where the student is only covered through school district purchased Premier, Premier Plus, U & C All Athletic and Activities Plan, and/or Catastrophic coverage, Provider agrees to accept as payment in full the scheduled benefit amounts paid for covered services under the plans purchased by the school district.
4. Catastrophic Coverage begins once the base plan meets its plan maximum threshold of \$25,000 in paid benefits. Once billing exceeds the plan maximum threshold, catastrophic coverage benefits begin, and are paid based on the 75th percentile of Usual & Customary up to a maximum of \$7,500,000.
5. Provider shall submit claims for health care services provided to injured students on the form of a UB92 for inpatient care, a CMS 1500 for outpatient care using ICD-9CM and CPT-4 coding, including for non-electronic claims the required data elements set forth in the Texas Insurance and Administrative Code Title 28 TAC § 21.2803 or for electronic claims using the ASC X12N 837 format and in compliance with all applicable federal laws related to electronic health care claims within ninety-five (95) days of service. Provider may mail, fax or hand deliver claims. Provider shall provide all information pertaining to coordination of benefits and such other information and documentation as may be requested.
6. **HSR** shall make best efforts to obligate Plans or Payors to promptly administer all appropriately filed claims within forty five (45) days from the receipt of a paper clean claim or thirty (30) days from receipt of an electronic clean claim, according to Texas Statute Article 3.7G-3C §3A, 3D, 3E, 3F, 3G, 3H, the Texas Insurance and Administrative Code Title 28 TAC § 21.801-21.2815; however, Provider understands that **HSR** is not a guarantor of benefits, but a third-party administrator for several prominent insurance companies providing insurance to Texas students through the associated school districts: nor shall **HSR** be liable for any claims which are or may be due to the Provider outside the provisions of the insurance purchased by the school district and/or the participating student.

This Agreement is effective for the 2014-2015 school year is automatically renewed each year. Either party may terminate this agreement in writing with at least thirty (30) days prior notice to the commencement of the next school year. A school year is defined as August 1<sup>st</sup> to July 31<sup>st</sup>.

The **Health Special Risk Texas Student Accident Network** Agreement does not alter, modify or effect any existing agreement (e.g., PPO, CHIP, Star or Client Specific Agreement) Provider may hold with **Health Special Risk, Inc.** This Agreement is specifically created for Texas Student Accident Network in direct support of their local school districts and their student athletes.

IN WITNESS WHEREOF, **HSR** and Provider have executed this Agreement through their duly authorized representative effective as of the date entered below (*once completed, fax the signed copy the fax number 972-512-5819*). If there are multiple providers/facilities, please attach a sheet with the information below for each provider/facility.

<b>HOSPITAL/HEALTH SYSTEM or PHYSICIAN</b>			
Officer's or Physician's Signature	Provider Name (printed)	Tax ID Number (TIN)	
Name/Title (Printed)	Specialty (printed)		
Email address:	Date:	Phone:	Fax:



**2015-2016  
TEXAS  
K-12 INSURANCE  
VOLUNTARY RATE SCHEDULES**

Coverage Underwritten by: Mutual of Omaha Insurance Company; Mutual of Omaha Plaza; Omaha, NE 68175

**OPTION A: 24-HOUR COVERAGE**

Provides coverage for injuries incurred 24-Hours a day, 365 days a year (except injuries incurred while participating in High School Football events/activities).

	<u><b>PREMIER VOLUNTARY</b></u>	<u><b>ECONOMY VOLUNTARY</b></u>
With Extended Dental	\$205.00 Per Student	\$138.00 Per Student
Without Extended Dental	\$196.00 Per Student	\$128.00 Per Student

**OPTION B: AT SCHOOL COVERAGE**

Provides coverage for injuries incurred at school, during school sponsored and supervised activities (except injuries incurred while participating in High School Football events/activities).

	<u><b>PREMIER VOLUNTARY</b></u>	<u><b>ECONOMY VOLUNTARY</b></u>
With Extended Dental	\$103.00 Per Student	\$73.00 Per Student
Without Extended Dental	\$94.00 Per Student	\$64.00 Per Student

**OPTION C: FOOTBALL COVERAGE**

Provides coverage for injuries incurred while participating in sponsored and supervised practice or play for High School Football events

Note: Any 9<sup>th</sup> grade student that plays with the High School Football Team (grades 10-12) must purchase Football coverage.

	<u><b>PREMIER VOLUNTARY</b></u>	<u><b>ECONOMY VOLUNTARY</b></u>
With Extended Dental	\$300.00 Per Student	\$198.00 Per Student
Without Extended Dental	\$291.00 Per Student	\$189.00 Per Student
Spring Football With Extended Dental	\$125.00 Per Student	\$85.00 Per Student
Spring Football Without Extended Dental	\$116.00 Per Student	\$76.00 Per Student

Extended Dental Coverage must be purchased in conjunction with a 24-Hour, At School or Football program, it cannot be purchased as a stand alone coverage.



# 2015-2016 TEXAS K-12 VOLUNTARY PLANS SCHEDULE OF BENEFITS

**Coverage underwritten by Mutual of Omaha Insurance Company; Mutual of Omaha Plaza, Omaha, NE 68175**

Coverage is provided for loss due to a covered injury up to a maximum per injury benefit amount of \$25,000 (\$5,000 for Motor Vehicle Injuries). Treatment of covered injuries must begin within 60 days of the accident date. Only eligible expenses incurred within 52 weeks from the date of the accident are covered. The maximum benefit amount per service/treatment is as shown below. Benefits will be paid only for such expense which is not recoverable from any other insurance policy, service contract or workers' compensation.

<b><u>INPATIENT:</u></b>		
Room & Board	Semi-Private Room Rate	Semi-Private Room Rate
Intensive Care	1.5 times the Semi-Private Room Rate	1.5 times the Semi-Private Room Rate
Hospital Miscellaneous	Up to \$250 per day, to a maximum of \$5,000	Up to \$250 per day, to a maximum of \$4,000
Registered Nurse	Up to \$400 per injury	Up to \$400 per injury
Physician's Nonsurgical Visits	Up to \$40 per visit	Up to \$20 per visit
(Benefits are limited to one visit per day and do not apply when related to surgery)		
Orthopedic Braces and Appliances	Included in Hospital Miscellaneous Benefit	Included in Hospital Miscellaneous Benefit
<b><u>OUTPATIENT:</u></b>		
Hospital Outpatient Surgery – Facility Charge	Up to \$1,250 per injury	Up to \$750 per injury
Physician's Nonsurgical Visits	Up to \$40 per visit	Up to \$20 per visit
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)		
Physiotherapy	Up to \$20 per visit, to a \$100 maximum (Benefits are limited to one visit per day)	Up to \$20 per visit, to a \$40 maximum (Benefits are limited to one visit per day)
Emergency Room	Up to \$150 per injury	Up to \$75 per injury
(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)		
Physician Emergency Room	Up to \$60/injury	Up to \$40/injury
X-Ray Services (includes charges for reading)	Up to \$200 per injury	Up to \$100 per injury
Cat Scan/MRI Services (includes charges for reading)	Up to \$500 per injury	Up to \$250 per injury
Laboratory	Up to \$50 per injury	Up to \$25 per injury
Injections	Up to \$25 per injury	Up to \$25 per injury
Prescription Drugs	100% of Allowable Expense	100% of Allowable Expense
Orthopedic Braces and Appliances	Up to \$300 per injury (When prescribed by a physician for healing)	Up to \$300 per injury (When prescribed by a physician for healing)
Durable Medical Equipment (Post Surgical Only)	Up to \$150 per injury	Up to \$150 per injury
<b><u>INPATIENT AND/OR OUTPATIENT:</u></b>		
Surgeon's Fees	75% of Allowable Expense up to a \$3,750 maximum (Limited to the primary procedure per surgery)	75% of Allowable Expense up to a \$3,500 maximum (Limited to the primary procedure per surgery)
Anesthetist/Assistant Surgeon	25% of surgeon's allowance	25% of surgeon's allowance
Ambulance	100% of Allowable Expense, first trip to the hospital	First trip to the hospital up to a \$100 maximum
Treatment of Heat Exhaustion	100% of Allowable Expense	100% of Allowable Expense
Dental	Up to \$250 per tooth (Benefits are paid on sound natural teeth only)	Up to \$150 per tooth (Benefits are paid on sound natural teeth only)
Replacement of Eyeglasses, Contact Lenses & Hearing Aids	100% of Allowable Expense for replacement if broken due to injury	100% of Allowable Expense for replacement if broken due to injury
Extended Dental Coverage	This is supplemental coverage for expenses resulting from covered accidental injuries. The dental benefits provided are: (a) 100% of Allowable Expense for examinations, X-Rays, endodontics and oral surgery to a maximum of \$10,000 and (b) dental expenses toward the cost of bridges, dentures or replacement of previous dental repairs to a maximum of \$250. No coverage is provided for orthodontics (braces) for any reason or damage or loss thereof.	

# **ENROLL ONLINE NOW at [www.K12StudentInsurance.com](http://www.K12StudentInsurance.com)**

## **HSR K-12 STUDENT INSURANCE PLANS**

**HSR's** Student insurance products help protect kids from the bumps & bruises of growing up.

### **How to Enroll**

Enrolling online is easy & takes only a few minutes. Go to [www.K12StudentInsurance.com](http://www.K12StudentInsurance.com)

1. **Browse** the available Rates.
2. **Pick your State** -see if your School is available.
3. **Open New Account** - Once you have determined your school is covered, you'll need to open a new account for this school year (you must create a new account each school year).  
You have created your account for this year. Please remember your **User ID and Password**.
4. **Add Student & Coverage** by clicking on the "Add Student" button on top of page.  
*Continue to add each student by clicking on the "Add Student" button until all your students are added.*
5. Select "**Checkout**".
6. Select your **payment type** and click "Continue Checkout".
7. Enter **billing information** and click "Continue Checkout".
8. Click "Pay and View Receipt" to **complete your order**.
9. **Save your receipt** for future reference.



**K12 Accident Plans available through your school include:**  
***At-School Accident Only, 24-Hour Accident Only, Extended Dental & Football.***  
If you have questions, please call us at **1-866-409-5733**.

**Accident coverage underwritten by Mutual of Omaha Insurance Company, Omaha, Nebraska**

***Inscribase ahora en [www.K12StudentInsurance.com](http://www.K12StudentInsurance.com)***  
***HSR K-12 PLANES DE COBERTURA DE SEGURO PARA ESTUDIANTES***

El producto de **HSR** Cobertura de Seguro para Estudiantes, ayuda a proteger a miles de niños/niñas de los golpes y moretones del crecer.

**COMO INSCRIBIRSE**

Inscribirse en linea, es tan censillo, y solamente toma unos minutos.

Por favor entre a la pagina [www.k12studentinsurance.com](http://www.k12studentinsurance.com)

1. **Revise** las tarifas disponibles.
2. Elija su Estado y confirme que su escuela este disponible por el año escolar en curso.
3. **Abrir una Nueva Cuenta-** Una vez que haya verificado que su escuela ofrece cobertura, devera abrir una nueva cuenta para el año escolar en curso. (Devera crear una nueva cuenta cada año escolar). Ha creado su cuenta para el año en curso...**recuerde su identificacion de usuario y la contraseña.**
4. Agregue el nombre del estudiante y la cobertura, oprimiendo el boton “add student” arriba de la pagina. *Continue agregando los nombres por cada estudiante, hasta terminar con todos los nombres necesarios.*
5. Seleccione el boton de “**checkout**”.
6. Seleccione su forma de pago oprimiendo el boton “**continue checkout**” al final de la pagina para continuar con el pago.
7. Llene la dirección a donde recibe su correspondencia y oprima el boton “**continue checkout**” al final de la pagina.
8. Para continuar con su orden, oprima el boton “**Pay and View Receipt**”.
9. Guarde su recivo como **referencia**, por si lo necesita en el futuro.

Los planes de polizas K12 en caso de accidente o enfermedad, disponibles por su escuela incluyen: 24 horas solamente en caso de accidente; Extencion de plan dental y accidente durante el deporte de Futbol Americano.

**Si tiene preguntas por favor llámenos al: 1 866 409 5733.**

**Cobertura de accidente suscrita por Mutual of Omaha Insurance Company, Omaha, Nebraska**

# 2015-16 Contact Information for Texas K-12 Student & Athlete Insurance Programs



## **Texas Student Resources Agents**

Keith Cargile – (817) 275-6453 - [kcargile@sbcglobal.net](mailto:kcargile@sbcglobal.net)

Kent Holbert – (903) 886-6943 - [kholbert@koyote.com](mailto:kholbert@koyote.com)

Marion Turner – (903) 984-8048 - [mmtt1940@live.com](mailto:mmtt1940@live.com)

Buddy Peel – (325) 245-9330 - [buddypeel@verizon.net](mailto:buddypeel@verizon.net)

Calvin Martin – (806) 670-5553 - [jcmains@nts-online.net](mailto:jcmains@nts-online.net)

# HSR

*Health Special Risk, Inc.*

## **CLAIMS**

Toll Free HSR Customer Service Claims Center: **1-866-409-5734**

Open 8:00 AM – 6:00 PM daily

Electronic claim submission to: [k12claims@hsri.com](mailto:k12claims@hsri.com) or via FAX (972) 512-5818

Jamie Luper, Customer Service Manager

(972) 512-5741 – [jamieluper@hsri.com](mailto:jamieluper@hsri.com)

Julie Daniel, Claims Manager

(972) 512-5713 – [juliedaniel@hsri.com](mailto:juliedaniel@hsri.com)

Cathy Ray, Director of Claims & Customer Service

(972) 512-5710 – [cathyray@hsri.com](mailto:cathyray@hsri.com)

## **SALES & POLICY SERVICE**

Cassandra Talton, K-12 Program Team Leader

(972) 512-5660 - [CassandraTalton@hsri.com](mailto:CassandraTalton@hsri.com)

Tom Lenihan, President,

(972) 512-5700 - (972) 741-6507 (cell) - [tomlenihan@hsri.com](mailto:tomlenihan@hsri.com)

*Health Special Risk, Inc.*

HSR Plaza II, 4100 Medical Parkway, Carrollton, Texas 75007

880 Sibley Memorial Highway, Suite 101, Mendota Heights, MN 55118

[www.healthspecialrisk.com](http://www.healthspecialrisk.com)