Rochester Institute of Technology
Intercollegiate Sports Accident Plan
Reference Guide

Rochester Institute of Technology provides an Intercollegiate Sports Accident Plan for the benefit of all of its student-athletes. This plan, administered by A-G Administrators, Inc., is an excess plan meaning all athletic injury claims must FIRST be submitted and processed by any other insurance plan (primary health insurance plan) that the student-athlete may be enrolled in.

If you have an international insurance plan (including Canadian plans) as primary insurance, please make sure that you are aware of its coverage and claims process for services in the United States. You are required to submit claims to your international insurance policy (primary health insurance plan) prior to sending any balances to our excess plan.

Please follow the below instructions for the correct submission of athletic injury claims.

1. Report all athletic injuries to your team’s athletic trainer and ask to have a claim form submitted for your injury.

2. Get an itemized copy of your bill. Please provide the Medical Provider with the address you want the bill to go to (either your local Rochester address or your home address. Do NOT use an RIT business address). In addition, give the provider’s the A-G Administrators, Inc. Group Policy Number: #IHH000272-937. **Medical bills must include the following:**
   a. Provider’s Name
   b. Provider’s Address
   c. Provider’s Tax Identification Number
   d. Date(s) or Service(s)
   e. Type of Service(s) rendered
   f. The fee for each procedure

   **NOTE:** ALWAYS KEEP A COPY OF THE ITEMIZED BILL FOR YOUR RECORDS

3. If the student-athlete is insured through his/her parents, spouse or employer, have the provider submit the itemized bill to the other insurance company (primary health insurance plan) for payment before sending any balances to the sports policy (excess plan – A-G).

4. Once the other insurance company (primary health insurance plan) has made a payment or denial, attach a copy of their **Explanation of Benefits** (EOB) to the itemized bill from the provider and mail, fax, email or securely upload it to A-G Administrators, Inc. (excess plan) at:

   A-G Administrators, Inc.  Fax: 610.933.0800
   Attn: RIT claims  Email: claims@agadm.com
   PO Box 979
   Valley Forge, PA 19482

Secure Upload: https://access.agadministrators.com/upload

The above mailing address, fax number, email address, and secure upload can be used by Providers, Student-Athletes, and their Parents.
5. To check the status of a claim, Student-Athletes, parents, and providers may contact the A-G Administrators Customer Service Center.
   
   Our Service Center hours are 8:30 – 5:00 pm (Eastern Time Zone)
   
   Phone: (800) 634-8628
   
   Email: customerservice@agadm.com
   
   Web: [http://agadministrators.com/services/check-a-claim-status/](http://agadministrators.com/services/check-a-claim-status/)

6. **Important:** DO NOT SUBMIT balance due, balance forward or past due statements to A-G Administrators, Inc. (excess plan) for payment. Sending these types of statements will delay processing and payment. Itemized bills (see #2 above) must be submitted otherwise the claim will not be processed.