2020-2021 Secondary (Excess) Athletic Accident Insurance
Claims Filing Instructions

Wesleyan University 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 insurance policy.

Please be advised that this coverage is excess (secondary in most situations) 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 Secondary (Excess) 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.) and left to patient responsibility for eligible medical claims once the $1,000 per injury deductible has been satisfied.

To ensure that claims are covered under the Secondary (Excess) 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
   Email: Clerk@BobMcCloskey.com
   ID Number: COL V00420033102
   Group Name: WES202021

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, Wesleyan’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