



P.O. Box 511
Matawan, NJ 07747
Phone: 800.445.3126
Fax: 732.583.9610

www.bobmccloskey.com/njcaa

NJCAA Members - Claim Filing Instructions

1. **BMI Benefits Accident/Injury Claim Form:** Part 1A must be completed and signed by the school. All other sections must be completed by the student/claimant or in conjunction with the school. If there is no primary insurance, please state "NO INSURANCE" on the accident claim form and complete the 'Statement of No Other Insurance' document and return it to BMI with the accident claim form.
2. **Please contact all medical providers where treatment was received and instruct them that you have secondary insurance. If you give the medical provider the BMI Benefits billing information, they should bill BMI directly after they bill your primary health insurance. You may also obtain and attach copies of your primary carrier's Explanation of Benefits (EOB) and all itemized medical bills, known as HCFA 1500s (physician billing form) and UB-04s (hospital billing form). The itemized medical bills should show the ICD-10 and CPT codes for the services provided, as well as other necessary information for insurance processing. Balance due statements are NOT itemized bills and cannot be processed and paid by BMI Benefits. The insurance policy is an excess insurance, which means benefits are provided after any other valid and collectible insurance has processed the medical claims.**
3. In regard to claims for a dental injury, the policy will cover accidental injury to sound, natural teeth. The claim must be submitted to both the dental insurance and the medical insurance if available. In regard to reimbursement for prescription expenses, we will need a copy of the itemized prescription bill. Cash register receipts only will not suffice.
4. If you have already paid the medical service provider and wish to be reimbursed directly, please attach a paid receipt or statement that verifies the payment along with the itemized bills and primary EOBs. Claims paid via an HSA or FSA are reimbursable, however claims paid via an HRA are not reimbursable.
5. Submit the completed claim form, itemized bills and primary insurance Explanation of Benefits to BMI Benefits, LLC. Claims can be submitted via mail, fax, or e-mail. You may contact BMI Benefits to discuss your claim. Please be aware that settlement of your claim may take several weeks to process.

Mail

BMI Benefits, LLC
PO Box 511 Matawan, NJ 07747

Assigned Claims Examiner

Examiner Name: Holly McNamara
Examiner Email: hollyb@bobmccloskey.com
Examiner Fax: 732.844.8059
Examiner Phone: 800.445.3126 x 146

NOTE: When BMI processes a submitted claim, an Explanation of Benefits (EOB) will be mailed to the medical provider of service with any check payment. A second copy is also mailed to the address on file for the claimant/student explaining the claim payment details. If any information is missing in order for BMI to process and pay an outstanding claim, an EOB will be mailed stating what needs to be submitted to BMI for reprocessing and payment of the medical claim. All submitted claims are subject to the policy terms, conditions and benefits as outlined in the coverage selected by the Policyholder.