



# TEXAS COLLEGE ATHLETIC INSURANCE FORM

This student athlete is being referred to your facility and/or medical group by Texas College. Please bill any available primary insurance and then submit any bills and Explanation of Benefits (EOBs) to A-G Administrators as indicated below.

Name of Athlete \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

Date of Injury: \_\_\_\_\_ Appt. Date/Time: \_\_\_\_\_

Medical Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

### PRIMARY INSURANCE INFORMATION *(Prior authorizations MUST be obtained for all services, as required by primary.)*

Insurance Company Name & Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ ID#: \_\_\_\_\_

### ATHLETIC DEPT. PAYMENT AUTHORIZATION

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Unless indicated above as non-athletic, I certify the above accident resulted from the supervised practice or play or travel to and from an intercollegiate sport.

### SECONDARY INSURANCE

- This student-athlete has primary insurance. Please bill their primary and submit the itemized bills with the primary EOBs and claim form to:  
A-G ADMINISTRATORS LLC | PO Box 21013, Eagan, MN 55121 | Ph: (610) 933-0800 Fx: (610) 933-4122

Email: claims@agadm.com | EDI Payer ID: 11370

**Carrier: Berkley Life and Health Insurance Company | POLICY #: COL L006020031506**

- This student-athlete has NO primary insurance. Please bill A-G Administrators directly.

#### Electronic Payment

A-G Administrators has partnered with industry leading electronic payment solution through ECHO Health. You can complete this simple sign up process with the following link: <https://enrollments.echohealthinc.com/efteradirect/AGAdministrators>.

To begin enrollment, select "Click Here" | Select "enroll using TIN" | Select "I have a draft No" | Type in their TIN (Tax ID number)  
Enter the draft number | Enter the full payment amount on aforementioned draft number | Click Submit.

At that point it will prompt you to create an account, where you will see any and all EOBs that are paid to them once the ACH is set up (approximately 5-7 days), and you will begin receiving ACH payments rather than virtual cards or checks. You also have the option to create an account at providerpayments.com in order to see electronic versions of all payments, no matter the payment method (check, ACH, virtual card), sent from A-G Administrators via ECHO.

### AUTHORIZATION

**AFFIDAVIT:** I verify that the statement on other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws. I agree that if it is determined at a later date that there are other insurance benefits collectible on this claim I will reimburse A-G Administrators to the extent for which A-G Administrators would not have been liable.

**AUTHORIZATION TO RELEASE INFORMATION:** I authorize any Health Care Provider, Doctor, Medical Professional, Medical Facility, Insurance Company, Person or Organization to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information concerning the patient, to A-G Administrators and its designees.

**PAYMENT AUTHORIZATION:** I authorize all current and future medical benefits, for services rendered and billed as a result of this claim, to be made payable to the physicians and providers indicated on the invoices.

STUDENT SIGNATURE \_\_\_\_\_ *(Parent or guardian, if participant is a minor)*

Date \_\_\_\_\_



A-G ADMINISTRATORS LLC  
SPORTS INSURANCE SPECIALISTS

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