



Iowa High School Athletic Association
1605 South Story Street
Boone, IA 50036

Dear Provider:

The athlete that you are treating today is a member of the _____ High School team, which is a member of the Iowa High School Athletic Association (IHSAA).

The IHSAA has provided the athlete with an excess accident medical plan that pays for expenses related to the care of a concussion injury. This plan will pay for covered charges after the athlete's primary insurance has been exhausted. K & K Insurance is the claims administrator for the excess plan and the following information is being supplied to you in an effort to assist the claimant in obtaining maximum benefits in a timely manner.

Please submit all charges through any other primary insurance first, and then submit itemized bills (HCFA-1500 or UB-92) and the primary Explanation of Benefits to:

K & K Insurance Group/Specialty Benefits
1712 Magnavox Way
Fort Wayne IN 46804
Fax: 260-459-5915

Should you have any questions or need any additional information, please feel free to call K & K Insurance Group/Specialty Benefits claims department at: (800)237-2917.

Thank You