



1605 South Story St.
Boone, IA 50036

Dear Provider:

The athlete that you are treating today is a member of the _____ team, which is a participating member of the IHSAA.

The State High School Association 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. Mutual of Omaha 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:

Special Risk Services

P.O. Box 31156

Omaha, Nebraska 68131

Claim Inquiries (800) 524-2324

Email: specialrisk.claims@mutualofomaha.com

Carol Grabenschroer - Claims Manager

Phone: 402-351-3807

Email: carol.grabenschroer@mutualofomaha.com

Candice Little - Claims Manager

Phone: 402-351-3265

Email: candice.little@mutualofomaha.com

Should you have any questions or need any additional information, please feel free to call Justin Vandewynkle at 913-488-9449.

Thank You,

