**University Youth Programs**

Texas A&M University

Medical Sciences Library, Suite 007, Room 024

College Station, TX 77843-4462

(979) 862-3295

DATE

Dear Camp Participant,

This letter serves as a follow-up to your clinic/hospital visit to HOSPITAL/CLINIC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_following an injury at CAMP on DATE\_\_\_\_\_\_\_\_\_\_\_\_. You and/or your parent/guardian will need to complete Part B of the notification of injury form and submit to the insurance carrier listed below:

Relation Insurance Services

P.O. Box 25936

Overland Park, KS 66225

(877) 246-6997 - phone

(913) 327-7520 – fax

\*Please do NOT submit the claim form to the University Youth Programs, Texas A&M University or CAMP representatives.

Claim forms must be submitted to the above carrier within 90 days from the date of the accident. Eligible covered expenses will be paid only if they are in EXCESS of other valid and collectible insurance. If you are covered by any other insurance, you must submit to your PRIMARY carrier first. After your PRIMARY insurance has paid, then submit the entire form along with (1) all itemized bills and (2) any Explanation of Benefits received from your primary carrier.

Please note that Balance Due statements are not acceptable. Itemized bills must be on standardized billing forms such as a CMS 1500 (physician’s offices) or a UB04 (hospitals). Please keep copies of everything.

Should you have questions concerning this process, please contact:

CAMP REPRESENTATIVE

CAMP

PHONE

EMAIL

Sincerely,

CAMP