



Arizona Interscholastic Association
7007 North 18th St.
Phoenix, AZ 85020

Dear Provider:

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

The Arizona Interscholastic 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:

Mutual of Omaha

Special Risk Services
P.O. Box 31156
Omaha, Nebraska 68131
Fax:402-351-4732

Should you have any questions or need any additional information, please feel free to call (800) 524-2324.

Thank You,

