

Program Resources

Accompanying Information



The HeadStrong Concussion Insurance Program was developed by Dissinger Reed to specifically insure student athletes from the high cost of concussion treatment and neurological follow up.

The student athlete has 'first dollar' coverage (zero deductible) for concussion assessment and treatment.

Coverage is secondary/excess to any other valid and collectable Insurance but will become the primary payor, if no other insurance is available.

Program Highlights Include:

- \$0 deductible and no Co-pays
- Tele-med Services, when needed
- No restrictions on specific doctors
- No referrals needed for treatment
- No specific procedure maximums

Contact for Claims: Customer Service:

Phone number: 1-800-524-2324
Fax: (402) 351-4732

Deanne Cumberledge (handles last names A-L)
Phone number: 402-351-2948
Email: Deanne.Cumberledge@mutualofomaha.com

Cheryl Walsh (handles last names M-Z)
Phone number: 402-351-5325
Email: Cheryl.Walsh@mutualofomaha.com

Please submit the completed and signed claim form along with itemized bills and EOB's from the primary insurance carrier. The more information you can provide upfront, the better. Claims payments are expedited with CLEAN submissions

HeadStrong Concussion Insurance Policy Information

Arizona Interscholastic Association
Broker:Dissinger Reed

ClaimsPayor: Mutual of Omaha

Insurance Carrier: Mutual of Omaha
Company - AM Best Rated A+XV

Policy#: SR2014AZ-P-054180-001

CoveragePeriod: July 1, 2022 -July 1, 2023

Deductible: \$0 per claim

EligiblePerson: All athletes participating in a Covered Activity

CoveredActivities: Participating in practice or play of sports governed and/or sponsored by the State High School Association

MedicalMaximum: \$25,000 per injury

BenefitPeriod: 1-year (Benefits will be payable for 1 year from the injury date)

UsualandCustomary: 100%

AccidentalDeath&Dismemberment: \$5,000

AD&DAggregate: \$250,000



Mutual of Omaha

HOW TO SUBMIT A CLAIM UNDER THE CONCUSSION PROGRAM

- 1) Submit the incident report within 30 days of the injury, or as quickly as possible.
- 2) Make certain that the incident report is completed in its entirety, including the policy number(SR2014AZ-P-054180-001), with accurate and detailed injury information and how the accident happened.
- 3) The incident report MUST BE SIGNED by a representative of the school. INCIDENT REPORTS WHICH ARE NOT SIGNED, WILL DELAY THE CLAIM.
- 4) Physician billings on CMS1500 forms and hospital/facility billings on UB04 forms would be preferred as these forms contain all the necessary coding required to process a claim. See bullets #5 & 6 for additional instruction regarding bills.
- 5) If the injured participant has primary insurance, each bill should be submitted with the primary insurance Explanation of Benefits or denial.
- 6) If the injured participant has primary insurance, all providers should be informed of the primary insurance information, so they are billed first, and the Mutual of Omaha information for the concussion program insurance billed second.
- 7) When an injured participant does not have primary insurance, we have agreements through PPO networks that allow many bills to be reduced with contractual discounts. We encourage injured participants NOT to pay claims in advance of submitting them to us, so these discounts can be used.