

Area: Health Services

Subject: HS20 - Special Risk Accident and Sickness Claims

Reference:

Policy: Should an enrolled child become injured while attending a Direct-op Head Start program and require medical/dental attention because of this injury, a "Special Risk Accident and Sickness Claim form" must be filled out when the accident occurs.

Procedure:

1. COMPLETION OF CLAIM FORM

- a. The Special Risk Accident and Sickness claim form has a box in the upper right hand corner that asks for the Certificate number.
- b. Section A-
 - Stanislaus County Head Start is the Location of Group Policyholder
 - The claimant's name will be that of the child
 - The date insurance coverage began will be the date of the child's enrollment into the Head Start program
 - Be precise in explaining the injuries received and how the injury occurred. An example would be: *The right hand was caught between an outside door and railing. The third finger was cut approximately 1 inch on the palm side of the hand. The injury occurred while assisting the child into the office building for health screenings.*
 - The policyholder representative would be the site supervisor or the teacher if the site supervisor were not available
- c. Section B-

This is the section for parent information. Fill in as completely as possible. Be sure to note if the parent has private insurance or Medi-Cal/Healthy Families. If the parent does not have insurance write 'NONE' on the line asking for other Health Insurance coverage.
- d. The nurse shall be notified if she/he is not on site when the accident occurs. The Site Supervisor, CFS Health Services Manager and the Child Development Supervisor II shall be notified of the accident and the need for further medical attention.

2. FOR PROCESSING OF CLAIMS

It is imperative that the following procedure be followed in order to have the claim properly paid:

All Special Risk Accident and Sickness Claim Forms are turned into the Direct-op Director to be forwarded to SCOE Safety Coordinator. This is a secondary insurance policy. If the family has private insurance or Medi-Cal/Healthy Families, that insurance must be billed first and whatever is not paid will be picked up by the SCOE Regional Head Start supplemental insurance policy. Please follow the instructions below.

- a. If the parent has private insurance or Medi-Cal/Healthy Families:
 - Present private insurance/Medi-Cal/Healthy Family information to the medical facility where care is being rendered.

- The site supervisor shall give the SCOE Safety Coordinator the:
 - Name, address and phone number of the Medical Facility
 - The SCOE Safety Coordinator will notify the Medical Facility of the secondary insurance policy and arrange for remainder of the unpaid bill to be sent to Head Start.
 - The SCOE Safety Coordinator will submit the claim form and remaining unpaid bill to the secondary insurance company.
- b. If the parent does not have Private Insurance or Medi-Cal/Health Families:
- The Site Supervisor will notify the Medical Facility that the claim will be paid by Head Start Insurance and provide the Medical Facility with the address.
 - Stanislaus County Office of Education
Head Start, Child/Family Services Division
1324 Celeste Drive
Modesto, CA 95355
Attn: Jewelee Hotchkiss
 - The site supervisor will send the SCOE Safety Coordinator the name, address and phone number of the Medical Facility that rendered care to the child.
 - The SCOE Safety Coordinator will contact the Medical Facility and verify information.
 - The SCOE Safety Coordinator will submit the Claim form, itemized bill and cover letter (verifying no insurance coverage) to the Insurance Company.
- c. A copy of the Incident Report should accompany the Special Risk Accident and Sickness Claim Form when sent to the SCOE Safety Coordinator.

If there are any questions, please call the SCOE Safety Coordinator at 525-4606.

Supervised by: Health Services Manager, Director II

Performed by: Site Supervisors, Child Development Supervisor, SCOE Safety Coordinator

Forms needed: Special Risk Accident and Sickness Claim Form

Frequency: As needed