



How to File Athletic Injury Claims to Wellfleet

Athletic Trainers are responsible for completing their portion of the Athletic Injury Claim form in the event of a sport injury. Student athletes are responsible for making sure all medical providers have insurance information needed to submit a bill. When talking to your healthcare provider, please provide them with your personal family insurance information first. Next, make sure to let your medical providers know that you also have athletic insurance provided by your College/University, which is administered by the Wellfleet Group and provide them the following information:

1. All claims related to an Athletic Injury should be mailed to:
Wellfleet Group, LLC
PO Box 15369
Springfield, MA 01115-5369
Fax# 413-747-8418
Email: sports@wellfleetinsurance.com
2. If your medical provider will not send a bill to Wellfleet, try to obtain a copy of the itemized bill (CMS-1500 or UB-04) or dental bill(s) from the provider. The itemized bill(s) **must** include:
 - Provider's name and address;
 - Provider's Tax ID Number;
 - Diagnosis Code (ICD-10);
 - Date of service;
 - Type(s) of service or procedure code (CPT code);
 - Provider cost for each procedure.
3. The Sport Accident Plan pays for covered expenses that are in excess of other valid and collectible insurance. If the athlete is covered by other insurance, **ALL BILLS MUST FIRST BE SUBMITTED TO THE ATHLETE'S PRIMARY INSURANCE COMPANY FOR PAYMENT** before Wellfleet can determine payment.
4. Once their primary insurance has paid and/or rejected the claim, the Explanation of Benefits (EOB) will also need to be submitted with the bills.
5. Send a copy of the itemized bill and EOB to Wellfleet.
6. **Please do not submit balance due, balance forward or past due statements for payment. Sending in these types of statements will only delay payment. Only an itemized bill from the provider will be acceptable for payment.**

Wellfleet Customer Service Department – 877-657-5039.