

Iowa Girls High School Athletic Union 5000 Westown Parkway Suite 150 West Des Moines, IA 50266

Dear Provider:

The athlete that you are treating today is a member of the ______ team, which is a participating member of the Iowa Girls High School Athletic Union (IGHSAU).

The IGHSAU 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. K & K Insurance 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:

K & K Insurance Group/Specialty Benefits 1712 Magnavox Way Fort Wayne IN 46804 Fax: 260-459-5915

Should you have any questions or need any additional information, please feel free to call (800) 237-2917.

Thank You