



USGAA How to File Your Excess Coverage Claim

USGAA

COORDINATION OF BENEFITS

Please give the provider your primary health plan information.

Primary Payor

ID:

Group:

Please ask the provider to enter the following information as your excess or 'secondary' coverage.

Providers: please submit HCFA/UB Forms and primary health plan explanation of benefits to:

Secondary/Excess Payor:

A-G Administrators

Attn: USGAA Claims

PO Box 21013

Eagan, MN 55121

Claims submission email: claims@agadm.com

Fax: 610.933.4122

Claim ID: (if available at the time of submission – A-G will accept claims without this designation)

EDI Payer: 11370

Claims Inquiry: Customer Service customerservice@agadm.com

FAQ: I received an acknowledgement email, can I just upload my bill, EOB and receipt?

A: For expedited processing, please note: If you receive an acknowledgement email, you may submit documents directly into your claim by replying to the acknowledgement email. Please know our systems require the subject line to remain exactly as it is written in order for attachments to arrive directly into your claim.