Wisconsin Interscholastic Athletic Association
5516 Vern Holmes Drive
Stevens Point, WI 54482

Dear Provider:

The athlete that you are treating today is a member of the _____ team, which is a participating member of the WIAA.

The WIAA 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. Mutual of Omaha 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:

Special Risk Services
P.O. Box 31156
Omaha, Nebraska 68131
Claim Inquiries (800) 524-2324
Email: specialrisk.claims@mutualofomaha.com

Diamond Cole -Claims Manager
Email: diamond.cole@ mutualofomaha.com
Insured last names A-M

Taylor Locke– Claims Manager
Email: taylor.locke@ mutualofomaha.com
Insured last names N-Z

Should you have any questions or need any additional information, please feel free to call Justin Vandewynkle at 913-488-9449.

Thank You,

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