



Wyoming High School Activities Association
6571 E. 2nd Street
Casper, WY 82609

Dear Provider:

The athlete that you are treating today is a member of the _____ team, which is a participating member of the Wyoming High School Activities Association (WHSAA).

The WHSAA 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: 312-381-9077

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

Thank You