



# CENTRAL CATHOLIC HIGH SCHOOL

**Central To Life**

# Welcome

**Central to Softball**



**CCHS SOFTBALL**



# CENTRAL CATHOLIC HIGH SCHOOL

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### Welcome to the Lady Irish Softball Program!

My coaching staff and I would like to extend a warm welcome to all players and their families. This program's mission is to strive for excellence on and off the field. We will be driven by pride in our performance and behavior; dedication to the team; commitment to the team and team mates; development of a championship culture; and hard work. We strive to not only teach the game of softball, but to instill lifelong lessons as well. With the commitment of the players and coaching staff, coupled with the support from the administration, together we will build a successful softball program.

As a new or returning member of the Lady Irish Softball team, you will be expected to know and follow the team's rules, along with working hard to meet our expectations. Being part of any team requires some sacrifices to become strong individual players and strong members of a team. Dedication and hard work is required by those involved in order to have a successful season and a strong softball program.

We look forward to a successful season.

Go Irish!

Head Softball Coach	Cory Bryan	<a href="mailto:cory@nwoladyirish.com">cory@nwoladyirish.com</a>	(419) 277-9310
Varsity Assistant	Josh Bragg		
Varsity Assistant	Tami Summers		
Varsity Assistant	Maren Bragg		
Volunteer Assistant	Ashley Best		

*\* Please note: all coaches will share duties with the JV team! Developing a program with long-term and repeatable success relies on the effectiveness of the Junior Varsity Program. We are excited about the developmental opportunity to train athletes who may contribute this year, and many years into the future.*



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## **2024 CCHS Softball Parent/Player Handbook Lady Irish Softball Team Rules and conduct**

*(ALL RULES ARE IN EFFECT FROM THE FIRST PRACTICE THROUGH THE FINAL GAME OF THE SEASON)*

1. Represent yourself and Lady Irish Softball with dignity and in a positive way. You are a representative of the program, school, the community, and the Alumni on and off the field.
2. CCHS rules are our softball program rules. We will not deviate from any school rule. We will be 100% supportive of all administrative decisions.
  - a. Be respectful and courteous at all times to coaching staff, teammates, opposing teams, fans, and officials.
  - b. Negative or inappropriate comments or posts on social networking sites will not be tolerated.
  - c. We, as a coaching staff, will not tolerate any insubordination toward coaches. However, we do encourage a player speaking her mind in a positive way. This can be done by requesting an opportunity to speak with the coaches, not by confronting the coaching staff during a practice or game setting.
  - d. Players are representatives of CCHS. Swearing, throwing equipment, cheating and other unsportsmanlike acts will NOT be tolerated. Suspension from one or more contests and/or removal from the program may result from repeated unsportsmanlike acts.
  - e. Walking, lack of effort, disrespect and/or poor attitudes at practice will not be tolerated. Those who participate in this way will be penalized or removed from practice. If the behavior continues, the player could be dismissed from the team.
3. Uniforms MUST be worn at all scheduled contests. Players should take good care of uniforms because they are passed on to future teams. Players will have to pay to replace uniforms which they abuse or lose. Special care should be given to the care of the pants and staining. Uniforms will be turned in at the end of the season and must be turned in CLEAN.
4. No practice attire that represents any other high school is to be worn.



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5. Report all injuries to the trainer. They will take care of any and all injuries. Make sure your coach is aware of any injuries that you may have. It will ultimately be the trainer's decision as to whether or not you can compete at practice or games. If a player has to see a doctor, the trainer must know and have a written release from the doctor in order to resume play.
6. Fan Support: The coaching staff encourages you to invite your parents and friends to enjoy our games. However, all spectators will be expected to separate themselves from the players during the game. Players need to be free from distractions in order to concentrate on the matter at hand. It will be the responsibility of the players to remind their parent(s) and/or inform any guest who may be unaware of this policy. Fans should stay away from the dugout once we begin our warmups. Players will be reminded to ask their fan to stay away from the dugout one time. Subsequent violations could result in the player being removed from the dugout for the duration of the game.
7. Starting Line-Up: The line-up for each game will vary as the season progresses. There will be changes and unforeseen circumstances that occur during the season. The coaching staff will determine the appropriate line up for a given situation or game and will manage the roster according to our evaluation.
  - a. Players may play in both Varsity and Junior Varsity games throughout the season. The coaching staff will determine who will dress for each contest.
  - b. Player roles may change throughout the season. Those decisions will be based on the evaluation of the coaching staff, as well as the performance of each athlete.
  - c. Participation is not guaranteed in any varsity contest.
  - d. Participation WILL be ensured for each junior varsity contest. The goal of the junior varsity contests is to prepare the athletes for future participation in a varsity contest. Therefore, every player who dresses for a junior varsity contest will play. (Exceptions are for injury and disciplinary actions).
8. Dugout/Game expectations: Players will remain inside the dugout during all games. Do not leave to talk to parents, friends, etc. Only players, coaches, trainers and managers are allowed inside the dugout during games. The dugout should remain clean and in order during the game. The only food (other than sunflower seeds) allowed in the dugout during the game is a healthy snack for energy--fruit, granola bars, etc. Once warmups begin, cell phones disappear for the duration of the game! If you as a parent are not at a game and you need to contact your player in an emergency situation, you will need to call the coaching staff or



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another parent who is at the game. Please note all coaches cell phones will also likely be put away during the games. All players are expected to be in tune with the game and need to be cheering positively for all teammates. If we're on offense. we're on the fence! When we're on defense, those players not in the game may be assigned a specific role. These roles will help develop the knowledge of the game for each of the players.

9. Players may not miss practice without a legitimate excuse from a parent, coach, administrator or doctor. If you cannot be at practice, you must notify your coach with the valid excuse. Do not leave word with anyone else.
  - a. Unexcused absences at practice will result in a disciplinary action to be determined by the coaching staff. Such action could include extra work after practice, "laps", or potentially suspension from an upcoming contest for either part or all of a game.
  - b. Excusable absences include: doctor's appointment, illness or death in the family, or other school sponsored event that directly conflicts with our scheduled game or practice.
  - c. Unexcused absences include: any unreported absence, all practices for other travel sports, hair appointments, birthdays, family vacations, or any other thing not listed under the excusable absence list.
  - d. In the event that a player must miss practice, the player must contact the coaching staff directly. The preferred method of contacting the coaching staff is through the GroupMe app.
  - e. Coaching staff will determine whether an absence is excused or unexcused.
  - f. Unexcused absence at a game, unless agreed upon at a prior meeting, will result in disciplinary action to be determined by the coaching staff.
  - g. Multiple unexcused absences, unless agreed upon at a prior meeting, could result in removal from the team.
  - h. Unexcused tardiness at practice, games, team meals, team mass, and all other events is unacceptable.
10. Players should be dressed and ready to practice AT LEAST 10 minutes prior to practice. Any work needed with the trainer should also be completed prior to this. Tardiness could result in disciplinary action.
11. All players must attend mass once per week. Mass will be on Tuesdays at 7:15AM. Athletes unable to make this Mass can attend the make up date on Fridays at 3:10PM. All Masses are



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held in Christ the King Chapel on the 4th floor. Tardiness and unexcused absences are unacceptable.

12. Parents who would like to meet with any member of the coaching staff **MUST** schedule a meeting with the coach. Coaches **WILL NOT** discuss any matters at or after any athletic contest or at any time that was not previously scheduled. The general rule of thumb, if you have a concern about a contest, schedule the meeting at least 48 hours after the end of the contest.
  - a. The coaching staff **WILL NOT** discuss any other player other than the player of the parent wishing to meet with the staff.
  - b. Meeting times with the coaching staff should be scheduled directly through the coach by email or phone.
  - c. Parents should request a meeting with the coach only after step 1 has been completed below.
    - (1) Athlete meets with individual coach and/or head coach
    - (2) Athlete and parent meet with individual coach and head coach
    - (3) Athlete, parent, and head coach meet with athletic director
    - (4) Athlete, parent, head coach, and AD meet with principal
    - (5) Athlete, parent, head coach, AD, and principal meet with superintendent
  - d. It's likely the issue can be resolved after completion of step 1. We feel that step 1 is vital to the development of each athlete and will more adequately prepare her for life after softball. Try to let your player work it out. If she can't, please contact us.
13. All student athletes, managers, and any members of the team should be picked up from practices, scrimmages, and all team events at the appropriate time. The coaching staff will make every effort to get the student athletes out of practice on time. We have to be flexible with weather and field conditions, and we will try to communicate with you as early as possible regarding the end time for a scheduled practice. Please make sure to arrange for transportation. The coaching staff is responsible for the student athletes until they are picked up and we should not have to wait for an extended length of time for transportation to arrive. If there is a special circumstance, please contact the coaching staff. Additionally, it is our policy that a **MALE** coach will not wait alone with a player who is waiting to be picked up. This means that if a male coach is the last coach at the end of practice, we will ask at least one other player to wait until transportation has arrived for all players.



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## **Irish Softball Lettering Policy**

Varsity Letter-Lettering Policy: In order to earn a varsity letter in softball, a player must meet the following criteria:

1. Be a senior and finish the season in good standing with the coaches, players, and school community.
2. Any freshmen, sophomore, or junior may earn a Varsity letter by playing in at least 15 varsity innings and finish the season in good standing with the coaches, players, and school community.
3. A player may earn a letter outside of the previous criteria based on extenuating circumstances: attitude, effort, importance to the overall program, an outstanding contribution in a playoff game or state tournament, etc. These instances are rare and are up to the discretion of the coaching staff.



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### **Some League Notes:**

**Ejected player must sit out the next game. Three ejections and she is disqualified for the season.**

**Ejected parent must may not attend the next game. Two ejections and that parent is disqualified for the season - cannot attend any games.**

**Ejected coach cannot attend the next game. Two ejections and that coach is disqualified for the season.**

**Team Bonding Nights - team dinners, etc...**

### **Team community service activity:**

- > April 4, 2024. 10:00AM -12:00PM. Seagate Food Bank.**
- > Our duties will be detailed when we arrive, but could include making food boxes for seniors or doing something with the veteran center.**

**Please note the CHSL Playoff dates have changed. We are waiting on location, but could be at University of Michigan or University of Detroit field. Waiting for the CHSL to confirm location.**

**League games in Michigan - we start with a 1-1 count.**

**League games in Michigan - if you bunt with 2 strikes, and that bunt goes foul, you are not out and you get an additional at-bat.**



Player Name: \_\_\_\_\_ Uniform Number: \_\_\_\_\_  
 Parent Contact Number: \_\_\_\_\_

# Varsity Uniform

Green Jersey / White Pants  
 Green Socks / Green Belt

Red Jersey / Dark Grey Pants  
 Red Socks / Red Belt

- Required Items -

Helmet - White Rip-It Classic. (\$49.99)



S/M  
 M/L  
 XL (pro only)

<u>Quantity</u>	<u>Subtotal</u>
_____	_____
_____	_____
_____	_____

\*\*\*\*\*

Socks - 1 pair of each color (\$4.00 each pair)



How many pair of Red  
 How many pair of Green

<u>Quantity</u>	<u>Subtotal</u>
_____	_____
_____	_____

\*\*\*\*\*

Belts - 1 pair or each color (\$6.00 each pair)



How many Red  
 How many Green

<u>Quantity</u>	<u>Subtotal</u>
_____	_____
_____	_____

\*\*\*\*\*

Players Game Crew (\$15.00)



<u>Quantity</u>	<u>Subtotal</u>
_____	_____

Player Gear Total: \_\_\_\_\_

**Material:**

- 100% polyester performance wicking fleece

**Feature:**

- Wicks moisture away from the body
- Self-lined hood
- Set-in sleeves for maximum mobility
- Double-needle coverstitched cuffs and bottom band
- Front pouch pocket



	<u>Color</u>	<u>Qty</u>	<u>Price</u>	<u>Sub Total</u>
<b>Small</b>	_____	_____	<b>\$40</b>	_____
<b>Medium</b>	_____	_____	<b>\$40</b>	_____
<b>Large</b>	_____	_____	<b>\$40</b>	_____
<b>X-Large</b>	_____	_____	<b>\$40</b>	_____
<b>2X - Large</b>	_____	_____	<b>\$40</b>	_____
<b>3X - Large</b>	_____	_____	<b>\$45</b>	_____
			<b>Hoodie Total:</b>	_____

**Order Summary:**

**Player Gear:** \_\_\_\_\_

**Hoodie Total:** \_\_\_\_\_

**Subtotal:** \_\_\_\_\_

**Total Included:** \_\_\_\_\_ **(Cash / Check)**



# Central Catholic High School

## 2024 Spring Softball Schedule

### Varsity Softball (Girls)

Saturday, March 16, 2024	Scrimmage	Total Sports Rossford	TBD
Saturday, March 16, 2024	Scrimmages	Total Sports Rossford	TBD
Tuesday, March 19, 2024	Scrimmage - Cardinal Stritch HS	Cardinal Stritch HS	5:00PM
Wednesday, March 20, 2024	Scrimmage - Lake HS	Lake HS	5:00PM

<u>DATE</u>	<u>OPPONENT</u>	<u>PLACE</u>	<u>TIME</u>
Saturday, March 23, 2024	Maumee	CYO Fields	1:00PM
Saturday, March 23, 2024	Maumee	CYO Fields	3:00PM
Monday, March 25, 2024	@ Oak Harbor	Oak Harbor	5:00PM
Tuesday, March 26, 2024	Perkins	CYO Fields	5:00PM
Tuesday, April 2, 2024	@ Clay	Oregon Rec	5:00PM
Friday, April 5, 2024	Father Gabriel Richard HS	CYO Fields	4:30PM
Friday, April 5, 2024	Father Gabriel Richard HS	CYO Fields	6:30PM
Tuesday, April 9, 2024	@ Bishop Foley HS	Bishop Foley HS	4:30PM
Tuesday, April 9, 2024	@ Bishop Foley HS	Bishop Foley HS	6:30PM
Friday, April 12, 2024	@ Our Lady or the Lakes Catholic School	Our Lady or the Lakes Catholic School	4:30PM
Friday, April 12, 2024	@ Our Lady or the Lakes Catholic School	Our Lady or the Lakes Catholic School	6:30PM
Saturday, April 13, 2024	Swanton	CYO Fields	11:00AM
Saturday, April 13, 2024	Swanton	CYO Fields	1:00PM
Tuesday, April 16, 2024	Marian High School	CYO Fields	4:30PM
Tuesday, April 16, 2024	Marian High School	CYO Fields	6:30PM
Friday, April 19, 2024	@ Gabriel Richard Catholic	Gabriel Richard Catholic	4:30PM
Friday, April 19, 2024	@ Gabriel Richard Catholic	Gabriel Richard Catholic	6:30PM
Tuesday, April 23, 2024	University Liggett School	CYO Fields	4:30PM
Tuesday, April 23, 2024	University Liggett School	CYO Fields	6:30PM
Friday, April 26, 2024	St. Catherine of Siena Academy	CYO Fields	4:30PM
Friday, April 26, 2024	St. Catherine of Siena Academy	CYO Fields <i>(They have 4/27 open)</i>	6:30PM
Tuesday, April 30, 2024	@ Notre Dame Academy	Notre Dame Academy	5:00PM
<b>Wednesday, May 1, 2024</b>	<b>Notre Dame Academy (Senior Night?)</b>	<b>CYO Fields</b>	<b>5:00PM</b>
<i>Thursday, May 2, 2024</i>	<i>* Lumen Christi Catholic High School</i>	<i>CYO Fields</i>	<i>4:30PM</i>
<i>Thursday, May 2, 2024</i>	<i>* Lumen Christi Catholic High School</i>	<i>CYO Fields (They have 5/4 AM open)</i>	<i>6:30PM</i>
Monday, May 6, 2024	CHSL PLAYOFFS	OPEN	TBA
Wednesday, May 8, 2024	CHSL PLAYOFFS	OPEN	TBA

*\* We need to reschedule this date. I'll update you as we make that happen.*



# Central Catholic High School

## 2024 Spring Softball Schedule

### Junior Varsity Softball (Girls)

Tuesday, March 19, 2024 Scrimmage - Cardinal Stritch HS Cardinal Stritch HS 5:00PM

<u>DATE</u>	<u>OPPONENT</u>	<u>PLACE</u>	<u>TIME</u>
Wednesday, March 27, 2024	Maumee	CYO Fields	5:00
Saturday, March 30, 2024	Danbury	Danbury	TBD
Wednesday, April 10, 2024	Whitmer	CYO Fields	5:00
Wednesday, April 17, 2024	Clay	Oregon Rec Center	5:00
Monday, April 22, 2024	Liberty Benton	Liberty Benton	5:00
Wednesday, April 24, 2024	Whitmer	Whitmer	5:00
Saturday, April 6, 2024	Danbury	CYO	1100 AM
Friday, May 10, 2024	Clay	CYO Fields	5:00

# STUDENT ACCIDENT REPORT

SCHOOL \_\_\_\_\_ MCC UNIT NO. \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME OF INJURED STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PARENT'S ADDRESS: \_\_\_\_\_

(NUMBER & STREET)

(CITY)

(ZIP)

DATE OF ACCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

SPECIFIC LOCATION OF ACCIDENT: \_\_\_\_\_

PERSON SUPERVISING: \_\_\_\_\_ TITLE: \_\_\_\_\_

DESCRIBE HOW ACCIDENT OCCURRED: \_\_\_\_\_

DESCRIBE ACCIDENT LOCATION, SURFACE AND CONDITION: \_\_\_\_\_

DESCRIBE INJURY, EXTENT, AND PART OF BODY: \_\_\_\_\_

NAME OF PERSON PROVIDING FIRST AID: \_\_\_\_\_

DESCRIBE FIRST AID ADMINISTERED: \_\_\_\_\_

WERE PARENTS NOTIFIED? YES  NO  HOW? \_\_\_\_\_

BY WHOM? \_\_\_\_\_ AT WHAT TIME? \_\_\_\_\_

LIST WITNESSES, ADDRESSES, AND PHONE NUMBERS:

_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSON MAKING REPORT: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE OF REPORT: \_\_\_\_\_

ALL ACCIDENTS SHOULD BE REPORTED TO THE PRINCIPAL'S OFFICE ON THIS FORM ON THE DAY THEY OCCUR.

STUDENT ACCIDENT SUPPLEMENTAL INSURANCE IS PROVIDED BY A SEPARATE PROGRAM THROUGH MICHIGAN CATHOLIC CONFERENCE. HOWEVER, TO PROTECT THE DIOCESE FROM POTENTIAL LIABILITY, THIS REPORT MUST BE COMPLETED FOR ALL INJURIES OTHER THAN MINOR CUTS AND BRUISES.

**PLEASE REPORT ALL INJURIES IMMEDIATELY TO GALLAGHER BASSETT SERVICES, INC.:**

Email this form to: [MCCLoss@mvsc.com](mailto:MCCLoss@mvsc.com)

# PROOF OF CLAIM

There is a timely filing period of one year and ninety days. Do not wait to send information as this may result in claim denial.

Email, Fax or Mail completed form to:  
**STUDENT ASSURANCE SERVICES, INC.**  
P.O. BOX 196  
STILLWATER, MINNESOTA 55082

**NOTICE:** Anyone who knowingly misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine or imprisonment.

## CLAIM PROCEDURE:

1. A school official must complete and sign PART A\*.
2. The student's parent or guardian must complete PART B.
3. See Page 2 for important claim procedures.

TO BE COMPLETED BY A SCHOOL OFFICIAL

### PART A: NOTICE OF INJURY

1. Name of School \_\_\_\_\_ School District Name \_\_\_\_\_  
 School Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

2. Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

3. Date of Injury \_\_\_\_\_  AM  PM

4. Under whose supervision? \_\_\_\_\_ Was he/she a witness? \_\_\_\_\_

5. The accident was incurred while the Insured was participating in:

<b>INTERSCHOLASTIC SPORTS</b>		<b>NON-INTERSCHOLASTIC SPORTS</b>	
<input type="checkbox"/> Practice	<input type="checkbox"/> Travel to/from Sport	<input type="checkbox"/> Travel to/from School	<input type="checkbox"/> Non-school activity
<input type="checkbox"/> Game		<input type="checkbox"/> In classroom	<input type="checkbox"/> Physical Education
What Sport? _____		<input type="checkbox"/> Other - Activity _____	
		<input type="checkbox"/> On school grounds	

6. Part of the body injured \_\_\_\_\_  Left  Right

7. Describe in detail how and where the injury occurred \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reported by \_\_\_\_\_ (Signature of School Official) \_\_\_\_\_ (Title) \_\_\_\_\_ Date(mm/dd/yyyy)

(\*Part A may be completed by the parent if Full-Time Coverage was purchased.)  
IMPORTANT INFORMATION ON Page 2

TO BE COMPLETED BY A PARENT OR GUARDIAN

### PART B: PARENT STATEMENT

1. Students Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date (mm/dd/yyyy)

Students Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parents Name \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Mailing Address \_\_\_\_\_ (Street, Route, or Box) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

2. Home phone number \_\_\_\_\_

3. Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

4. Do you have insurance coverage?  Yes  No Is the student covered under your insurance plan?  Yes  No

Name of Insurance Company \_\_\_\_\_  
 Group  Individual  Medicaid  CHIP  None

I hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance company, or other organization, institution, or person that has any records or knowledge of the claimant's physical or mental health, to give the information to STUDENT ASSURANCE SERVICES, INC. To facilitate rapid submission of such information, I authorize all said sources, to give such records or knowledge to any agency employed by the insurance company to collect and transmit such information. A photocopy of this authorization shall be as valid as the original. This authorization expires one year from the date signed. By entering my name below, I am indicating my intent to sign this claim form and warrant that all of the information provided is true, complete, and accurate.

\_\_\_\_\_  
 Date (mm/dd/yyyy) (Print Name of Student/Patient) (Signature of Parent or Guardian)

**TO PARENT OR GUARDIAN:**

**STEPS TO FOLLOW WHEN FILING A CLAIM:**

1. Only one Student Assurance Services, Inc. (SAS) completed claim form for each accident needs to be submitted. Students must be treated by licensed physician or facility within the required time as stated in the policy.
2. The claim form and benefit summary are available at SAS website: [www.sas-mn.com](http://www.sas-mn.com). However, using this form is not a guarantee of benefits or confirmation of coverage under the plan. Benefits and eligibility will be evaluated when the claim is submitted, subject to all applicable terms, conditions, limitations and exclusions of the plan.
3. A school official **must** complete Part A of the claim form for all school related accidents. The parent or guardian must complete Part B – Parent Statement of the claim form. Answer all questions on the claim form. If the accident is not school related, the parent or guardian **may** complete both Part A and Part B.
4. Submit copies of the student's **itemized bills** with the completed claim form. **Balance due statements cannot be processed.** These itemized bills often called UB-04 or CMS-1500 provide the Address, Date of Service, Procedure Code, Diagnosis Code, Federal Tax ID Number and NPI number of the treating physician or facility. **This plan has a timely filing deadline, do not wait to send information.**  
  
**Note: A copy of the claim form can be given to the treating physician or facility. The provider may submit itemized bills directly to SAS on the student's behalf. However, do NOT depend on the provider to submit the claim form or itemized bills to SAS. It is the parent/guardian's responsibility to provide this information.**
5. **Submit copies of the itemized bills to the student's primary family and/or group insurance company first**, even if the other insurance plan has a large deductible or copay. This plan pays second or is supplemental to all other valid coverage (does not apply to SAS primary plans). This plan does not cover penalties imposed for failure to use providers preferred or designated by the other primary insurance plan. The other insurance plan will provide an Explanation of Benefits (EOB) showing payment, write-off, deductible, copay, and coinsurance.
6. Mail, fax, or email the completed claim form, student's itemized bills and other insurance EOBs to:

STUDENT ASSURANCE SERVICES, INC.  
P.O. BOX 196  
STILLWATER, MN 55082-0196  
Fax: (651) 439-0200  
Email: [claims@sas-mn.com](mailto:claims@sas-mn.com)

**NO CLAIM CAN BE PROCESSED UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN PROVIDED TO SAS:**

1. Completed Claim Form
2. Itemized Bills (UB-04 or CMS-1500)
3. Explanation of Benefits (EOB) from the primary insurance plan
4. FOR DENTAL CLAIMS - American Dental Association Standardized itemized billing form

PLEASE REFER TO THE MASTER POLICY ISSUED TO THE SCHOOL/SCHOOL DISTRICT FOR SPECIFIC DETAILS.