



Wyoming High School Activities Association  
6571 East 2<sup>nd</sup> St.  
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 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. 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](mailto:specialrisk.claims@mutualofomaha.com)

***Mykah Love– Claims Manager***

Email: [mykah.love@mutualofomaha.com](mailto:mykah.love@mutualofomaha.com)  
Insured with last names A-H

***Ned Gonzales-Vasquez– Claims Manager***

Email: [Ned.gonzalesvasquez@mutualofomaha.com](mailto:Ned.gonzalesvasquez@mutualofomaha.com)  
Insured last names I-P

***Taylor Locke– Claims Manager***

Email: [taylor.locke@mutualofomaha.com](mailto:taylor.locke@mutualofomaha.com)  
Insured last names Q-Z

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

Thank you,

