

2007 ACCIDENT CLAIM FORM

AMERICAN YOUTH FOOTBALL & AMERICAN YOUTH CHEER

Instructions For Filling Out This Claim Form

(Should be read by League Presidents, Team Officials and Parents)

Our objective is to provide fast and accurate claims service. Listed below are some brief instructions that, when followed, will assist us in providing this service. Please keep in mind that we are not saying your claim will be paid, we are saying if all conditions are met, then this claim will be considered for payment.

WHEN TO FILE A CLAIM:

1. Since this policy contains an EXCESS MEDICAL EXPENSE BENEFIT, YOU MUST FIRST FILE THE CLAIM WITH YOUR EXISTING INSURANCE PLANS (including major medical) before we may determine what payments, if any, we owe. Note: If your family carrier is an HMO or PPO, you must always follow their rules for obtaining benefits.
2. Written proof of loss (the completed claim form and supporting documents) should be given to the Claims Administrator within 90 days after the loss starts.

HOW TO FILE A CLAIM:

All questions must be answered in FULL for us to process the claim. Failure to answer even one question, regardless of whether or not you think it is relevant, may result in the claim form being returned and subsequent delay.

There are four basic items that are required in order for a claim to be considered eligible for benefits. All claim forms received are initially enrolled, however, until all required information is received we are unable to review the claim for payment.

- 1) A COMPLETED POLICYHOLDERS REPORT (PART I) – Must Be Completed By Authorized Team / League Official**
Please be sure to neatly and fully complete the claim form. If you do not have a claim form, please call (800) 622-7370 for assistance. The Policyholders Report must have a policyholder's authorized signature. The policyholder representative is the league administrator who acts on behalf of the policyholder to verify the claim. The policyholder is the sports organization that purchased the coverage.
- 2) A COMPLETED PROOF OF LOSS (PART II) – Must Be Completed By Injured Person Or Parent/Guardian If A Minor**
Please be sure to neatly and fully complete the Proof of Loss for in its Entirety. If you do not have a Proof of Loss Form please call (800) 622-7370 for assistance. The proof of loss form must be signed by the injured person or his/her parent/guardian if injured person is a minor.
- 3) A COMPLETED INJURY REPORT (PART III – FOOTBALL AND PART IV - CHEER)**
There are two different Injury Report forms included with this claim form. One injury report is for FOOTBALL related accident claims, and the other is for CHEER related accident claims. Please complete the correct form for the injury you are reporting. *This is a required form, and should be completed by the authorized team or squad official.* (Please be sure to answer ALL questions on this form.)

4) COPIES OF FULLY ITEMIZED BILLS

Please contact the providers of medical service directly for an itemized billing. An Itemized bill is usually in the HCFA-1500 or UB-92 format which means the bill should have a date of service, patient name, billing address and phone, provider tax identification number, procedural codes, and diagnosis code. If your bill does not have this information, please call the provider of service directly and request they mail it to us or call our office for assistance.

5) COPIES OF YOUR INSURANCE'S EXPLANATIONS OF BENEFITS

The policy selected by the policyholder is in excess to any other available source of medical benefits. This means that you must file your bills through your primary, or personal insurance carrier prior to this policy. When your insurance company processes the charges, they will send you an Explanation of Medical Benefits, or "EOB". You must forward a copy of the Explanation of Benefits for EACH CHARGE. *(A \$100 deductible may apply.)*

IF YOU DO NOT HAVE ANY OTHER AVAILABLE INSURANCE COVERAGE, fully complete Section II of the claim form as directed above, indicating "NO" in response to each insurance question, if appropriate. You **MUST** sign the insurance portion of the form if you have no other coverage. Please remember that this is a signed and sworn legal document. *(A \$100 deductible may apply.)*

TO SUBMIT ADDITIONAL BILLS after the original claim form has been sent in, be sure to include the following: name of injured person/claimant, date of accident, name of league, claimant's social security number, and your League's 2007 Accident Insurance Policy Number.

We recommend that you always make a photocopy of the 2007 Accident Claim Form (pages 1-3), all itemized bills, etc. before forwarding to claims administrator.

For specific policy information, please call to verify benefits. It is important to remember that policy wording or any verbal verification of benefits does not guarantee payment. Some policies may have specific medical equipment exclusions or specific treatment type limitation, i.e., physical therapy or ambulance. It is important to remember that any statement of policy information does not guarantee the payment of any medical expense. Benefit determination can only be made once the entire claim and supporting documentation has been received and reviewed by the claims examiner.

Every policy has both an effective date (which must be prior to the injury date) as well as a benefit period, which is the period of time for which benefits are available for treatment to that injury. Treatment received past the benefit period is not eligible for benefits.

WHERE TO FILE CLAIM:

1. Send all completed forms, itemized bills, etc. to American Specialty Insurance & Risk Services, Inc. at the address shown below.
2. Any questions concerning the status of benefit payments should also be directed to American Specialty at the toll free phone number shown below:

American Specialty Insurance & Risk Services Inc.
AYF / AYC Claims Administrator
P. O. Box 459
Roanoke, IN 46783
Phone: 1-800-566-7941
Fax: 260-673-1189

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