



## Youth Soccer Accident Medical Claims Process Overview

The online claims submission program is for accident dates on or after September 1, 2012. If the accident date occurred before this date, **DO NOT PROCEED WITH THE ONLINE SUBMISSION OF THE CLAIM**; instead, you should contact Washington State Youth Soccer Association for the appropriate claim form.

### Online Claims Submission Process

- 1) The authorized coach or team manager should complete the online claim form on this website. A confirmation email will be sent to you upon completion.
- 2) The claims information will be sent to your state soccer association for approval or denial. Once approved, the parent will receive an email with the claim form as a PDF attachment. The parents will need to send the claim form to the claims payor, Chartis, with the itemized medical provider bills and explanation of benefits (EOB) from the claimants primary insurance carrier (if applicable). If the claim was denied by the state soccer association, the parent will receive an email indicating the reason for the denial.
- 3) Additional bills and EOBs can be submitted by the claimant at a later date (after the initial submission of the claim form) to the claims payor, Chartis. The claim form will have insurers contact information on it.

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## Youth Soccer Accident Medical Claim Form

Attention: This claim form should only be completed by the authorized coach or team manager. No other person(s) are authorized to initiate a claim form.

Fraud Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information materially related to a claim is provided.



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\*\*\*By logging into this system you certify that you are the authorized coach or team manager and you have read the above fraud warning\*\*\*



## Youth Soccer Accident Medical Claim Form

### Section 1 - Injured Person's Information

*First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
*Last Name:	<input type="text"/>
*Address:	<input type="text"/>
*City:	<input type="text"/>
*State:	<input type="text"/>
*Zip:	<input type="text"/>
*Birth Date:	<input type="text"/> 
*Gender:	<input type="text"/> ▼
*Injured is a:	<input type="text"/> ▼
If Other:	<input type="text"/>
*Parent/Legal Guardian's First Name:	<input type="text"/>
*Parent/Legal Guardian's Last Name:	<input type="text"/>
*Phone:	<input type="text"/>
*E-mail:	<input type="text"/>
*Confirm E-mail:	<input type="text"/>

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## Youth Soccer Accident Medical Claim Form

### Section II - Organization Information

Player ID #:

District #:

League/Club #:

\*League/Club Name:

Team Name:

### Section III - Event Details

\*Event Type:

If Tournament, please specify:

If Other, please specify:

\*Date of Injury:

\*Describe how the injury was sustained:

\*Name of field/facility where injury occurred:

\*City where field/facility is located:

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## Youth Soccer Accident Medical Claim Form

### Section IV - Declaration by Coach or Team Manager

*First Name:	<input type="text"/>
*Last Name:	<input type="text"/>
*Address:	<input type="text"/>
*City:	<input type="text"/>
*State:	<input type="text"/>
*Zip:	<input type="text"/>
*Phone:	<input type="text"/>
*Email Address:	<input type="text"/>
*Club/League Capacity:	<input type="text"/>
If Other, please specify:	<input type="text"/>

I declare under Penalty of Perjury under the laws of the State of Washington State that the injury reported on this form occurred during a Washington State Youth Soccer Association sanctioned and supervised event and all information contained in this form is true and correct to the best of my knowledge.

*Initials:	<input type="text"/>	*Date:	<input type="text" value="11/18/2013"/>
<input type="button" value=" &lt; Previous Page"/>		<input type="button" value=" Submit Report"/>	