YOUTH SOCCER ACCIDENT MEDICAL CLAIM FORM

GUIDELINES FOR SUBMITTING A YOUTH SOCCER ACCIDENT CLAIM FORM

1. The accident medical policy is secondary / excess coverage. If you have other valid and collectable insurance, all charges must first be submitted to your primary insurance carrier. You will receive a payment worksheet known as an Explanation of Benefits (EOB) from your primary carrier. The EOB and itemized provider bills must be forwarded to the claims payor via email, mail, or fax along with this claim form.

2. The claim form and all correspondence concerning your claim should be directed to Chartis, the claims payor for National Union Fire Insurance Company, at the below contact information:

   Chartis
   Accident & Health Claims Dept
   PO Box 25987
   Shawnee Mission, KS 66225-5987
   (800) 551-0824 ; Fax (866) 893-8577
   a&h.claimssubmissions@chartisinsurance.com

3. All benefits will be made payable to doctors and hospitals involved unless the itemized bills are accompanied by paid receipts.

HELPFUL REMINDERS

1. There is a $1,000 deductible per covered accident for the 9/1/10 - 9/1/11 policy year and eligible expenses will be paid per policy terms. Each claim is subject to the application of an 80/20 co-insurance provision.

2. Itemized medical provider bills must be forwarded to Chartis along with the Explanation of Benefits (EOB) from your primary insurance plan. Each itemized bill must include the following:
   - Provider of Service's Name
   - Provider's Address
   - Provider's Federal Tax ID Number
   - Provider's Telephone Number
   - Date of Service
   - Diagnosis Description or Codes (ICD-9)
   - Procedure Description or Codes (CPT)
   - Charge for each Procedure

3. Additional bills and EOBs can be submitted at a later date (after the initial submission of your claim) and should be emailed or mailed directly to Chartis with the following information: Name of the claimant, claim number, date of the accident, and name of the State Soccer Association the claimant is a member of.

4. We recommend you keep copies of all materials (i.e. claim form, EOBs, itemized provider bills) sent to the claims payor for your own records.

5. Please respond promptly to any correspondence requesting additional information. It is the Parent / Guardian / Claimant's responsibility to request this information from the provider of service or from your primary insurance carrier.

6. An Explanation of Benefits will be sent to you by Chartis on behalf of National Union Fire Insurance Company.

MOST FREQUENTLY ASKED QUESTIONS

What is an itemized bill?
An itemized bill is a detail of the procedures performed by a licensed provider of service; i.e. Hospital, Clinic, Physician, etc.

What if I don't have an itemized bill?
The Parent/Guardian must request this information from the provider of service. Some providers only mail a balance due statement. The claims payor, Chartis, is unable to process the charges without an itemized bill. Again, request this information from the service provider. Explain that you have secondary / excess accident medical coverage.

Can you process this claim with my other insurance carrier's worksheet alone?
No, the Payment Explanation (EOB) from your other insurance does not have complete information to process this claim.

What if I don't have my other carrier's payment explanation (EOB)?
The Parent/Guardian must request the EOB from their other insurance carrier.

Can I email the claim form, itemized bills or EOB to the Claims Payor?
Yes, for the quickest service the documents can be emailed as an attachment to a&h.claimssubmissions@chartisinsurance.com.

Do I need to wait until my primary carrier has finished paying all charges before I can submit the claim form to Chartis?
No, there is no need to wait until your primary carrier has processed all of your provider bills before you submit the claim form. Additional items, such as itemized provider bills and EOBs, can be sent to the claims payor, Chartis, at a later point in time.

Who should I contact for claims payment status?
All payment status inquiries should be directed to Chartis at (800) 551-0824.

IMPORTANT
YOU MUST MAIL OR EMAIL THE COMPLETED CLAIM FORM TO:

Chartis
Accident & Health Claims Dept
PO Box 25987
Shawnee Mission, KS 66225-5987
(800) 551-0824 ; Fax (866) 893-8577
a&h.claimssubmissions@chartisinsurance.com

State Association Name Here
Policy Number: XXXXXXXXXXXX
Policy Year: 9/1/11 – 9/1/12

SECTION I – INJURED PERSON'S INFORMATION

Name and Address:	
Dan P Pullen 2560 River Park Plaza Ft. Worth, TX 76116	Gender: Male Claimant Type: Player Birth Date: 9/7/2000

SECTION II – ORGANIZATION INFORMATION

Player's ID #: 12345	Local Association: Dino FC
Team Name: Blast	Club:

SECTION III – EVENT DETAILS

Event Type, Name and Location: Game, DFW Park, Ft. Worth	Date of Injury: 9/7/2011
Description of Injury: Hurt leg	

SECTION IV - PARENT / GUARDIAN / CLAIMANT INFORMATION

Please complete the below contact information for each parent / guardian of the minor claimant. If the claimant is age 18 or over, the claimant must provide their own information and check the self box. Failure to answer the below questions or not providing all of the requested information may result in a delay in processing your claim.

Full Name:	X Mother / Father / Guardian / Self	Home Phone:
Street Address:		Work Phone:
City, State Zip: ,		Cell Phone:
Name of Employer:		E-mail:

Full Name: Patrick Pullen	Mother / X Father / Guardian / Self	Home Phone:
Street Address: 1033		Work Phone:
City, State Zip: ffff, tx 76116		Cell Phone:
Name of Employer:		E-mail: dpullen@pullenins.com

Is the claimant covered under ANY other insurance policy? YES

Company Name: gggggggggggg	Insured Name: ggggggg
Street Address: gggggggg	Insured ID #: gggggggg
City, State Zip: gggggggg, ggg gggggg	Insured Group # or Name: ggg
Phone: gggggg	

If your son or daughter has medical insurance coverage as an eligible dependent from a previous marriage as mandated in a divorce decree, please give name, address and phone number of responsible party.

Name:	Phone:
Street Address:	
City, State Zip: ,	

www.pdflib.com

Claimant's Name: Dan P Pullen

SECTION V – STATEMENT OF CERTIFICATION / AUTHORIZATION TO RELEASE INFORMATION

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 by the claimant.

I hereby authorize any physician, hospital, or other medically related facility, insurance company, or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, to disclose, whenever requested to do so by National Union Fire Insurance Company or its representative, any and all such information. A photocopy or electronic copy of this authorization shall be considered as effective and valid as the original.

By typing your name below you hereby certify the information on this claim form is true and correct to the best of your knowledge and you agree to the above Statement of Certification & Authorization to Release Information.

Slick Rick	father	8/3/2011
Parent / Guardian / Claimant	Relationship to Claimant	Date

Submitted: 8/19/2011 4:20:24 PM; From: 192.168.2.101

SECTION VI – AUTHORIZED STATE OFFICIAL VERIFICATION

I certify the claimant (registered player, coach, assistant coach, volunteer or official) on this form was registered with the state association at the time of the injury and was injured while participating in sanctioned and supervised activity of the state association.

z	z	8/19/2011
Name	Title	Date

Completed: 8/19/2011 8:01:16 PM; From: 192.168.2.106

SECTION VII – ASSIGNMENT OF BENEFITS

ALL BENEFITS WILL BE MADE PAYABLE TO DOCTORS AND HOSPITALS INVOLVED, UNLESS ACCOMPANIED BY PAID RECEIPTS.

Notes/Comments/Corrections (For official use only)

APPROVED

www.pdflib.com

Coverage Underwritten by
National Union Fire Insurance Company