## **SEND COMPLETED FORM TO:**

NAHGA Claim Services PO Box 189

Bridgton, ME 04009-0189

For questions call: 877.497.4980

Fax: 207.647.4569 Email: <u>eiia@nahga.com</u>

## **IMPORTANT!**

 Initial medical treatment must take place within 90 days from the date of Accident.



- Written notice of a claim must be given within 180 days after a covered loss occurs.
- All eligible expenses must be submitted within one year from the date of service.
- All insurance you are covered by must be filed first before benefits will be considered.
- Please be sure you have provided your medical providers with a copy of your plan or ID card so they can bill directly!

SECTION 1: STUDENT STATEMEN	T— MUST BE COMPLETED & SIGNED BY STUDENT
(1) School Name:	(2) Policy/Coverage Number:
• • • • • • • • • • • • • • • • • • • •	(4) Student ID#:
(5) Street Address, City, State and Zip (all insurance info/red	quests will be sent to this address):
(6) Phone Number & Email Address:	
	Gender Neutral (9) Domestic (U.S. Citizen) International
	ondition (11) Date of Accident or Onset of Sickness://
· · · · · · · · · · · · · · · · · · ·	e name of the sport?
(14) If an Accident, describe how it occurred:	
(15) Body Part Affected:(17) If Sickness, reason for seeking medical treatment:	(16) If applicable: Left Right
(18) Have you previously been troubled by this condition/inju	
(20) Were you seen and referred for treatment by the Athletic	
SECTION 2: INSURANCE STATEMENT	
If the student is under 26 years old and is insured, all the cha	arges must be filed with the other insurance carrier first and copies of the submitted. INCOMPLETE CLAIM FORMS WILL BE RETURNED AND DELAY YOUR
(1) Is Student Insured? Yes No If yes, comp	lete the information below:
(2) Insurance Company Name & Phone Number:	
(3) Plan ID #: (4) Is this a govern	nment funded plan (i.e. Medicaid or Military Insurance)?
SECTION 3: INTERCOLLEGIATE SPORTS – To Please check if you are attaching the initial injury report	o be completed by Athletic Department Official Only! t in lieu of completing this section.
	First Year Transfer Student Sophomore, Junior or Senior
(2) Date of Accident or Injury/(3) Da	ite reported to athletic department official///
(4) Is this condition a(n)? Acute Accidental Injury	Chronic/Overuse Condition
(5) Name of Sport where injury occurred?	
(6) Occurred during a: Game Scheduled & Supe	ervised Practice Supervised & approved Training & Conditioning Session
	Body Part: L R
(8) Has the athlete injured the same body part in the past? showing athletic clearance)	Yes No (If yes, please attach a copy of the pre-participation physica
the release of any medical information about me to NAHGA Claim Servor groups performing business or legal services relating to my claim.	ent-sponsored health plan or employer: I grant authorization (while my claim is pending) of vices and its representatives, EIIA, United States Fire Insurance Company and other persons. This applies to all information necessary to determine the eligibility of my claim. A copy of Services upon my request) will be valid as this one for a period of 24 months from the date of IAHGA Claim Services.
I certify that the above information provided by me in support falsify essential information requested by this form I may, upon	of this claim is true and correct. I understand that if I knowingly misrepresent or n conviction, be subject to fine or imprisonment.
containing any materially false information, or conceals for the purpose	nsurance company or other person files an application for insurance or statement of claim e of misleading, information concerning any fact material thereto, commits a fraudulent alty not to exceed five thousand dollars and the stated value of the claim for each such
Insured Student's Signature:	Date:
Participating Institution's Authorization:	Date:



## **IMPORTANT NOTICE!**

Fraud Warning: Any person who, with the intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be quilty of insurance fraud and subject to criminal and/or civil penalties.

Notice to Florida Claimants: WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Notice to Kentucky Claimants: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false, incomplete or misleading information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be prosecuted under state law.

<u>Notice to New Jersey Claimants</u>: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

<u>Notice to Oklahoma Claimants</u>: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

<u>Notice to Pennsylvania Claimants</u>: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

<u>Notice to Tennessee and Virginia Claimants</u>: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

<u>Notice to Texas Claimants</u>: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime may be subject to fines and confinement in state prison.

### CLAIM FILING PROCEDURES:



- 1. An Accident must be reported to the Student Insurance Coordinator within 24 hours following the Accident. Accidents incurred during supervised practice or play should be reported to the Athletic Trainer or Athletic Department Official immediately following the injury.
- 2. If you are insured by an HMO, PPO or similar arrangement, they must be contacted for proper instruction or authorization on covered health care. HMO & PPO Plans must be utilized. If you do not use the facilities or services of the HMO, PPO or similar arrangement, medical benefits may be reduced depending on your plan.
- 3. The coverage afforded by the Intercollegiate Sports, Accident and Sickness Reimbursement Plans may provide benefits in *EXCESS* of any other coverage the student may have. If so, all eligible charges submitted must be accompanied by an Explanation of Benefits (EOB) from the primary insurance carrier(s). The Insurance Statement in Section 2 of this Claim Form must be completed or your claim will be pended and information will be requested from you, delaying your claim processing.
- 4. Incomplete Claim Forms will result in a processing delay. Allow up to 4 weeks for processing after all information is received.
- 5. All bills must be itemized insurance bills. If you informed your medical provider of this insurance, they will likely submit the necessary billing and primary explanation of benefits. It is always a good idea to show them your ID card for this coverage or provide them with the name of your school/policy or coverage number and the NAHGA address. (HCFA and UB forms are preferable.)
- 6. File only one Claim Form per loss (Accident or Sickness). Once the initial Claim Form has been filed, additional information submitted should be identified with the school's name, the student's name, ID# and the initial date of loss.

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- Written notice of a claim must be given within 180 days after a covered loss occurs.
- All eligible expenses must be submitted within one year from the date of service.
- ◆ Please refer to your plan document at www.eiia.org for specific policy information.

If you have any questions about filing your claim, please contact your school's Student Insurance Coordinator or NAHGA Claim Services at 1-877-497-4980.