

**INSTRUCTIONS FOR COMPLETING AN INSURANCE CLAIM FORM**  
**/INJURY REPORT**

This form serves as both an injury report and an insurance claim form. The association rep must complete one for all injuries and then give it to the parent to complete and send in only if they choose to. This is not primary insurance unless the player is uninsured. This is secondary insurance to cover out of pocket expenses as approved. A player may not use this in an emergency room for payment.

**Team managers will keep a copy in the team book and attach any medical clearance to return to play as well.**

1. Part 1 of the Claim Form must be completed in full by association (board, team manager or head coach)
2. Part 2 of the Claim Form must be fully completed by the parent.
3. Part 3 of the Claim Form must be fully completed if the claimant is not covered by a Primary Insurance carrier. If the claimant has NO other medical insurance, the Box "**NO**" **MUST BE CHECKED OFF AND THE CLAIM FORM MUST BE SIGNED TO AVOID ANY DELAY IN PAYMENT.**
4. Include **copies** of all itemized bills for related medical expenses being claimed. These bills must show the patient's name, condition being treated (diagnosis), type of treatment received, date the expense(s) was/were incurred.
5. If the medical bills have been paid, please include a receipt or proof of payment.
6. A deductible will apply to each claim.
7. An Association staff member (Board, Team Manager or Head Coach) must sign the claim form on Line 22 PRIOR to the submission of the claim to the insurance company by the parent.
8. Claimant/injured participant **must** visit a provider within **30** days from the date of the event. Failure to do so will result in claim denial. **SEND IT IN EVEN WITHOUT A BILL TO ENSURE YOU ESTABLISH THE 30 DAY REQUIREMENT**

**NOTE:**

This coverage is in excess of all other group medical coverage. Please complete, in full, the attached **Other Insurance Inquiry (Part 3)** and provide copies of the other insurance's **Explanation** of Benefits for each corresponding **Itemized Bill**. If there is no other insurance please specify this in that area (check "No"). **In order to consider benefits we need HCFAIUB billing forms (diagnosis codes, procedure codes and the provider's tax ID number)**. Failure to provide this form, completed in its entirety, will delay claim processing.

**\*\*Complete policy details are available upon request\*\***

The parent will Mail the **FULLY COMPLETED** Claim Form with COPIES of all supporting documents to: MAKE SURE YOU COMPLY WITH THE 30 DAY FILING RULE EVEN IF BILLS ARE NOT RECEIVED

Nahga Claim Services

PO Box 189

Bridgton, Maine 04009

Phone: (800) 952-4320

Fax: (207) 647-4569

For questions, inquiries and/or status of your claim please call (800) 952-4320.