



AAU Registered Member Sports Accident Claim Procedure

1. To file this form you must be an AAU member.
2. Complete a Sports Accident Claim Form, and mail it to NAHGA as soon as possible. Keep one copy for your records.
3. You will receive a confirmation letter from NAHGA acknowledging receipt of form, assigning a case number, and providing instructions.

NOTE:

- Each claim is subject to a \$200 deductible.
- Sports Accident Form must be submitted to NAHGA within 90 days after the date of the injury/loss/incident.
- Injured member must seek treatment by a Physician within 60 days of date of injury/loss/incident.
- Benefits are payable for such covered charges that are incurred within 52 weeks from date of injury.
- Submit all claims to your primary insurance carrier first. If dental claim please submit to dental and health insurance.
- Signature of injured party or legal guardian is required.
- Direct payment for medical procedures **can not** be authorized by AAU or NAGHA. Payments for medical procedures can only be fulfilled by following the steps outlined above.
- Payment will be made to directly to medical providers unless paid receipt is included with submission.

Submit Sports Accident Claim Form to via mail, fax, or email:

NAHGA Claims Services
88 Main Street
PO Box 189
Bridgton, ME 04009

Tel # 800-952-4320
Fax# 207-647-4569
Email: AAU@nahga.com

Please print or type. Incomplete forms will be returned.

SEND COMPLETED FORM TO: NAHGA Claim Services
 88 Maint Street
 PO Box 189
 Bridgton, ME 04009
 Tel # (800) 952-4320
 Fax # (207) 647-4569
 Email AAU@NAHGA.com



SPORTS ACCIDENT CLAIM FORM

Underwritten by: National Union Fire Ins Co of Pittsburgh PA



PART 1: AAU REGISTERED MEMBER

(1) Amateur Athletic Union of the United States		(2) Policy Number SRG-9101737	
(3) Claimant - Last Name, First Name		(4) Claimant Social Security #	(5) <input type="checkbox"/> Athlete <input type="checkbox"/> Non-Athlete <small>(coach-volunteer)</small>
(6) Mailing Address where Insurance Info/Requests should be mailed		(7) City, State, Zip	
(8) Birthdate	(9) Male <input type="checkbox"/> Female <input type="checkbox"/>	(10) Phone #	(11) AAU Member ID
(12) Email		(13) AAU Club Name & Number	
(14) If claimant is an adult, name and address of Employer:			

PART 2: INJURY DETAILS

(1) Date & Time of Injury	(2) Address where occurred?	(3) Sport
(4) Description of injury and how it occurred?		(5) Part of body injured (incl Left or Right)
(6) Date of first medical treatment	(7) Action Taken: <input type="checkbox"/> Released to Parent <input type="checkbox"/> Ambulance Transport <input type="checkbox"/> Refused Care <input type="checkbox"/> Referred to Hospital/Clinic <input type="checkbox"/> Own Accord (Adult)	
(8) Was injury during AAU sanctioned activity? Yes <input type="checkbox"/> No <input type="checkbox"/>	(9) List Name of Event	(10) Sanction #
(11) Was injury at Competition? Yes <input type="checkbox"/> No <input type="checkbox"/>	(12) Was injury at Supervised Practice? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(13) Was the claimant supervised when injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	(14) Was injury during travel to or from scheduled activity in a supervised group? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(15) Print Name of Coach/Club Representative/ or Witness	(16) Signature of Coach/Club Representative/Witness	(17) Phone

PART 3: PARENT OR GUARDIAN STATEMENT (Must be completed if claimant is a minor)

(1) Father/Guardian Name	Telephone	(7) Mother/Guardian Name	Telephone
(2) Home Address (Street, City, State, Zip)		(8) Home Address (Street, City, State, Zip)	
(3) Employer		(9) Employer	
(4) Father's Employer Address (Street, City, State, Zip)		(10) Mother's Employer Address (Street, City, State, Zip)	
(5) Business Phone		(11) Business Phone	
(6) Employer Medical Insurance Policy		(12) Employer Medical Insurance Policy	
(6a) Is Claimant covered under that policy? Yes <input type="checkbox"/> No <input type="checkbox"/>		(12a) Is Claimant covered under that policy? Yes <input type="checkbox"/> No <input type="checkbox"/>	

PART 4: INSURANCE VERIFICATION

Is Claimant covered by any other insurance policy (other than this policy), either as an individual, dependent, group, automobile medical or liability? Yes No

If yes, please list name of insurance carrier: _____

Please note that if other insurance exists, all claims must be submitted to that other insurance policy first.

PART 5: AUTHORIZATION

I hereby authorize any hospital, physician, employer, or other person who has attended or examined the Claimant to disclose when requested to do so, any information to NAHGA CLAIM SERVICES with respect to any injury, policy coverage, medical history, consultations, prescription or treatment, and copies of all hospital or medical records and itemized bills. A copy of this authorization shall be considered as effective and valid as the original. I swear that the above information is true and correct to the best of my knowledge and understand that it is a criminal offense to knowingly file a statement of claim containing false or misleading information or to willfully conceal information thereto with the intent to defraud an insurance company.

X _____ Date _____

Signature of Claimant (or Parent/Guardian if Claimant is under 18 years of age)

AUTHORIZATION TO PAY BENEFITS TO PROVIDER: I hereby authorize payment directly to the Provider of service for medical benefits, if any, otherwise payable to me for services rendered but not to exceed the reasonable and customary charge for those services.

X _____ Date _____

Signature of Claimant (or Parent/Guardian if Claimant is under 18 years of age)

Note: If you do not sign the authorization to pay benefits to the provider and would like payment made directly to you, you MUST submit paid receipts for each bill.

NAHGA Claim Services



Date

To the parents or guardian of

Name

Address

City, State, Zip

This letter shall serve as confirmation that the following Sports Accident Claim Form has been received under the Amateur Athletic Union of the United States (AAU) accident policy #SRG9101737. Please keep this letter for future reference.

Athlete:

Date of Injury:

Policy: SRG9101737

NAHGA Case Number:

Sport:

The following are the steps necessary to file for reimbursement of an allowable AAU Sports Accident claim. The AAU insurance policy is excess to any other valid and collectible insurance.

1. Submit copy of all itemized medical bills*, statements and receipts. (Bills must include diagnosis and procedure codes).
2. Submit copy of primary insurance Explanation of Benefits** (EOB) for each medical bill even if claim is denied.
3. Submit a copy of the confirmation letter received from NAHGA assigning a case number.
4. Submit all documents to NAHGA (contact information below)

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Explanation of forms needed to be submitted along with claim form:

***Copy of medical bills. Typical forms are HCFA1500, UB92, or UB04 forms?**

A HCFA is a specific medical billing form that is utilized by physician and outpatient offices to bill medical charges to insurance carriers or Third Party Claim Administrators. A UB92 or UB04 are also specific billing forms; however, they are utilized exclusively by hospitals and outpatient surgical facilities.

****EOB (Explanation of Benefits) Form**

EOB stands for Explanation of Benefits. This is a document produced by your medical insurance carrier that explains their response and action (whether it is payment, denial, or pending) to a medical claim processed on your behalf. Often, this item is requested if we are processing a claim for you and you have any other insurance. This document is necessary for us to properly adjudicate benefits after your primary insurance. Most Health Insurance companies this form can easily be printed from their web site.

Submit claim forms to via mail, fax, or email:

NAHGA Claims Services
88 Main Street
PO Box 189
Bridgton, ME 04009

Tel # 800-952-4320
Fax# 207-647-4569
Email: AAU@nahga.com

Ver. 9-1-11

Thank you,
Alyssa McIntyre
Email: aau@nahga.com

Disclaimer: This letter is in no way a confirmation that the submitted case and /or charges are covered under the Master AAU policy – this letter is intended only to confirm receipt of Sports Accident Form. A copy of the master policy is on file with the AAU.