EASTERN NEW YORK YOUTH SOCCER ASSOCIATION
167 Nassau Blvd., Garden City South, NY 11530
Phone: 516-766-0849 - Fax: 516-678-7411
www.enysoccer.com

The Game for All Kids!

Advance Notice of Injury/Claim Form Procedure

When reporting an injury, the following procedure is taken:

1. The Advance Notice of Injury form **must be completed by the Coach (who was present when in injury occurred)** and submitted to your League.

Note: You have 30 days from date of injury to submit the claim form. For claims to be eligible for coverage you must seek medical attention within 60 days from the date of injury. 2. The **League then verifies that the player is registered** and that the injury occurred at a sanctioned ENYYSA event. Once verified, the League approves and forwards to the ENYYSA State Office.

3. ENYYSA receives the Advance Notice of Injury form from the League, reviews and approves. The Claim Form is forwarded to the parent / guardian via e-mail. It is important that you include a current e-mail address on the form.
4. The parent / guardian must complete the Claim Form and return to the ENYYSA State Office for processing. **If the Claim Form is not returned a claim will not be filed with the Insurance carrier.**
5. ENNYSA forwards the Claim Form to the Insurance carrier.
6. At this point, inquiries should be directed toward the insurance carrier at (817) 738-6100
7. When submitting bills to our insurance carrier, please ensure the following:

- Each itemized bill MUST show the following:

  - Provider of Service's Name
  - Provider's Address
  - Provider's Federal Tax ID#
  - Provider's Telephone #
  - Date of Service
  - Diagnosis Description or Codes (ICD-9)
  - Procedure Description or Codes (CPT)
  - Charge for each Procedure

- Additional bills to be submitted at a later date (after the initial submission of your claim) should be mailed directly to Chartis Insurance with the following information: Name of the claimant, date of the accident, and astern New York Youth Soccer Association.
- 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 carrier.
- An Explanation of Benefits will be sent to you by Chartis/AIG Insurance.

Note: There is a **$500 deductible** per covered accident, with an 80% reimbursement. Expenses of Physical Therapy and Chiropractic Care limited to $50 per visit.

Please send completed form to Gina Coscia at gcoscia@enysoccer.com

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Please read page 1 before completing this form

Advanced Notice of Injury

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ ZipCode: _____

Phone #: _____ Email: _____

ENY League: _____ Club: _____ Team: _____

USYS player/coach pass number: _____ Date of Injury: _____

Is injured person a: ☐ Player ☐ Coach/Asst Coach ☐ Other: _____

Did the injury during: ☐ game ☐ practice ☐ tournament ☐ indoor soccer ☐ sanctioned /Sponsored activities ☐ travel directly to or from activity premises Other ☐ _____

Name of field/facility where injury occurred: _____

Type of Injury: _____

How did injury occur:

_____

_____

_____

Does the injured have primary insurance: ☐ YES ☐ NO

Coach/Club President: _____ Phone #: _____

Signature of Coach: _____ Date: _____

AFTER COMPLETING THE ABOVE, PLEASE SEND THIS FORM TO YOUR LEAGUE OFFICE.

LEAGUE APPROVAL: _____
Date: _____