



MASSACHUSETTS YOUTH SOCCER ASSOCIATION, INC.

512 Old Union Turnpike
Lancaster, MA 01523
Telephone: (978) 466-8812

EXCESS SOCCER ACCIDENT MEDICAL COVERAGE

Please read the following directions carefully. Failure to fully and properly complete the claim form will delay the processing of your request for benefit payment under the plan.

Massachusetts Youth Soccer Association, Inc. (Mass Youth Soccer) self-insures the Excess Soccer Accident Medical program for affiliated players and adults and has ultimate liability for all benefit payments. All payments are made in accordance with the terms and provisions of the plan. Mass Youth Soccer reserves the right to authorize an administrator to act in our capacity in evaluating the payment requests that have been submitted and makes recommendations to us in accordance with the terms and conditions of the plan.

The Mass Youth Soccer Excess Soccer Accident Medical program provides coverage **only after all other medical plans have made their payments** (See Number 5 – Claim Submission Instructions below).

CLAIM SUBMISSION INSTRUCTIONS:

1. Complete **ALL** portions of the Mass Youth Soccer Claim Form. The one-page Claim Form has four (4) sections. Failure to complete all sections of the claim form will delay the processing of your claim. The question that pertains to other insurance appearing in Section 3 **must be** answered.
2. Have the coach or other club/organization official who witnessed the accident sign the "INCIDENT REPORT. This is a separate report. The parent or guardian's signature on the INCIDENT REPORT **IS NOT** accepted.
3. Signatures are also required in Section 4.
4. Please leave "Director Signature" line black in Section 1 of the Claims Form.
5. File the Claim Form with the Mass Youth Soccer Office within 30 days of the date of the accident. Do not wait until you have all of your itemized bills for the accident, or until the bills have been processed by your other insurance carrier/provider.
6. Send both the Claim Form and the Incident report to Mass Youth Soccer at 512 Old Union Turnpike, Lancaster, MA 01523. You can also scan the forms, and e-mail them to tpetricca@mayouthsoccer.org.
7. The Mass Youth Soccer plan provides "excess" coverage. That means you **MUST** first submit all of your expenses to your insurance carrier or provider for processing. You will receive an Explanation of Benefit (EOB) form from them explaining what has and what has not been covered. The EOB form **MUST** be submitted to us before we can process your claim.
8. Attach any bills and all explanation of benefit forms that you have received to the claim form when it is first submitted to Mass Youth Soccer. If you later receive additional bills and/or Explanation of

Benefit forms. Our insurance carrier, Pullen Insurance, will provide further instructions regarding where they are to be sent.

9. Attach a copy of the Membership Form completed with your Town/Club Team listed in the "Organization" field.

Remember, you must first send this claim form to Mass Youth Soccer at the above address for signature and eligibility verification.

THINGS TO REMEMBER:

1. The Mass Youth Soccer Excess Soccer Accident Medical Plan covers only accidents that result from a sanctioned soccer activity.
2. The initial completed claim form, along with the incident report and any itemized bills and Explanation of Benefit forms, must be sent to Mass Youth Soccer at 512 Old Union Turnpike, Lancaster, MA 01523.
3. All correspondence or communication to us concerning the status of a claim should include the name of the claimant and the date of the accident.
4. Each itemized bill **MUST** show the following:
 - (a) name, address, telephone number and Federal tax i.d. number for the provider of service;
 - (b) diagnosis code (ICD-9) or diagnosis description for the accident;
 - (c) date of service(s) or treatment(s);
 - (d) Procedure code(s) (CPT) or Procedure description; and
 - (e) charge for each procedure.
5. Please allow sufficient time to process your claim. To check on the status of your claim, please call the Mass Youth Soccer Office directly at (978) 466-8812.
6. Please respond promptly to any correspondence requesting additional information. It is the responsibility of the parent or guardian, or of the adult claimant, to request this information from the provider of service or insurance carrier/provider.
7. **ALL CLAIMS ARE TO BE SUBMITTED WITHIN THIRTY (30) DAYS.** Claims received after thirty (30) days are subject to review and can lead to a denial of coverage.