

**MASSACHUSETTS YOUTH SOCCER ASSOCIATION, INCORPORATED
EXCESS SOCCER ACCIDENT MEDICAL COVERAGE**

512 Old Union Turnpike Lancaster, MA 01523

Telephone: (978) 466-8812

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.

The Massachusetts Youth Soccer Association, Incorporated (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 except Section III. The Claim Form has eight (8) 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 IV **must be** answered.
2. Have the coach or other club/organization official that witnessed the accident sign the “WITNESS VERIFICATION” in Section II. The signature of Parent or Guardian is not accepted
3. Signatures are also required in Section V -- “CERTIFICATION STATEMENT”, Section VII – AUTHORIZATION TO OBTAIN MEDICAL INFORMATION”, and Section VIII – “AUTHORIZATION TO ASSIGN BENEFITS”.
4. File this claim form with the Mass Youth Soccer Office within 90 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.
5. 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 has not been covered. The EOB form must be submitted to us before we can process your claim.
6. Attach all 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, submit those directly to Mass Youth Soccer as you receive them.

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 Plan has separate deductibles for dental and medical expenses. The deductible applies to all submitted expenses. These are the important deductible and benefit provisions:

- The deductible for dental and medical expenses is \$250.
- Only damage to natural teeth is covered under dental.
- The maximum benefit that the plan pays is \$100,000 for any one accident.
- Eligible accidents are covered for a two year benefit period.
- There are no pre-existing condition limitations.
- Physical therapy/chiropractic benefit \$2000/\$50 max per visit.

2. The initial completed claim form, along with any itemized bills and Explanation of Benefit forms, must be sent to Mass Youth Soccer at the address shown on the front of the claim form.

3. Additional bills and Explanation of Benefit forms should be sent directly to Mass Youth Soccer at the address on the front of the claim form. Be sure to include the name of the claimant, date of the accident and indicate that you are a Mass Youth Soccer member.

4. 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.

5. 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 or treatment;
- (d) Procedure code(s) (CPT) or Procedure description; and
- (e) Charge for each procedure.

6. Please allow sufficient time to process your claim. To check on the status of your claim, please call the Mass Youth Soccer Office directly using the phone number on the front of the claim form.

7. 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.

8. All claims are to be submitted within 90 days. Claims received after 90 days are subject to review and can be denied coverage.

A payment worksheet will be sent to you from Mass Youth Soccer describing how your claim request was processed. Mass Youth Soccer will also make any claim payment required to be made under the plan. If you disagree with the payment amount, or if your claim was denied in whole or in part, you should submit a written appeal to Mass Youth Soccer, c/o Executive Director, 512 Old Union Turnpike, Lancaster, MA 01523. You will receive a written response to your appeal within 30 days of the date it is received.