



INSURANCE CLAIM VERIFICATION

A Medical Claim form, Insurance Claim Verification form, and a Verbal Verification must all be completed before the claim is forwarded to Bollinger Insurance for processing.

One of your players has submitted a Medical Claim form. Upon receipt of this form, a US Club Admin will contact you at the number listed below to complete the verbal verification process.

THE FOLLOWING INFORMATION HAS BEEN SUBMITTED ON THE MEDICAL CLAIM FORM

Player's name: _____ DOB: _____

Club / Team playing on at time of injury: _____

Time & date of Injury: _____ Place of competition: _____
Field Name, City & State

Nature of injury: _____ Parent Email: _____

CLUB OFFICIAL - PLEASE COMPLETE THIS INFORMATION IF YOU WERE PRESENT AT THE TIME OF INJURY

I hereby verify that to the best of my and the club's knowledge, the above information is accurate.

The information above appears to be inaccurate in the following respects:

Specify where injury occurred (tournament, league game, practice etc.): _____

Name of event: _____ Hosting member club: _____

Opponent: _____ Competition sanctioning body: _____

• Is the player dual carded with another USSF organization? No

• What cards and roster was the player performing under at the time of the injury?
 Yes Name: _____

• If dual carded, has this claim also been submitted to the player's state association? _____

The information on this Insurance Claim Verification is true and accurate to the best of my knowledge. I understand that anyone who knowingly falsifies this information is subject to suspension from US Club Soccer and the United States Soccer Federation.

Signature

Title / Position

Print Name

Date

Daytime Phone Number

Email Address

Scan and Email this completed form with signature to insurancequestions@usclubsoccer.org or mail to the address below: Attention: Insurance Claims Processing.