



EASTERN NEW YORK YOUTH SOCCER ASSOCIATION

53 NORTH PARK AVE. SUITE 103, ROCKVILLE CENTRE, NY 11570
PHONE: 516-766-0849 - FAX: 516-678-7411 - EMAIL: ENYOFFICE@ENYSOCCER.COM
WWW.ENYSOCCER.COM

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 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 ENYSSA event. Once verified, the League approves and forwards to the ENYSSA State Office.
3. ENYSSA 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 ENYSSA State Office for processing. **If the Claim Form is not returned a claim will not be filed with the Insurance carrier.**
5. ENYSSA forwards the Claim Form to the Insurance carrier.
6. At this point, inquiries should be directed toward the insurance carrier at (866) 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 Eastern 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.



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ADVANCE NOTICE OF INJURY

NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ EMAIL: _____

CLUB: _____ TEAM: _____

DATE OF INJURY: _____ TIME: _____ PLACE: _____

EVENT: _____ (opponent?)

TYPE OF INJURY: _____

WHAT PLAYER PASSES WHERE USED FOR THIS EVENT? _____

HOW DID INJURY OCCUR? _____

DOES THE INJURED PLAYER HAVE PRIMARY INSURANCE? _____ YES _____ NO

COACH: _____ PHONE #: _____

SIGNATURE OF COACH: _____ DATE: _____

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

LEAGUE APPROVAL _____ DATE: _____