



ATHLETIC ACCIDENT CLAIM FORM

SECTION 1 (please print)

Last Name of Claimant _____ First Name _____ Birth Date _____

Parent or Guardian (if minor) _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Home Phone () _____ Business Phone () _____

SECTION II

Date of Accident (must be completed) _____ Location of Accident _____
 _____, 20____

What is the injury? _____

Date of First Treatment _____ *(Note: A Physician's referral must be included with receipts for services provided by a physiotherapist, athletic therapist, chiropractor, massage therapist or osteopath).*

Name of Hospital taken to (if applicable) _____ Date of Admittance _____, 20____

Date of Discharge _____, 20____ Attending Physician or Dentist _____

SECTION III Describe fully how the accident happened

SECTION IV (the sport accident policy is an excess accident benefits policy; proof of exhausting all other insurance must accompany your expenses)

Are you covered for any of these expenses under any other medical plan? (If no, please give an explanation). If yes, you must submit a claim to that plan first.

Name Employer (if applicable) _____	Name of Insurer (i.e. Blue Cross/Sun Life/Great West Life) _____
_____	Policy No. _____ Certificate _____

Section V

I hereby certify that all the information provided above is correct.

Claimant/Guardian Signature _____ Date _____

CERTIFICATION OF ASSOCIATION OR CLUB - Do not complete this section yourself; have your Club or League President, Coach or Manager complete this section.

Name of Team _____

League or Association _____ Type of Sport _____

Was above player a registered member at time of injury? _____ Yes/No _____

Was player injured while taking part in an authorized activity? _____ Yes/No _____

Name _____ Position with Club _____

Signature _____ Telephone _____

EXECUTIVE DIRECTOR OF PROVINCIAL SPORT ORGANIZATION

Name _____ Signature _____

Address: _____ Phone _____

CERTIFICATION OF SPORT ELIGIBILITY – SPORT MANITOBA

Signature _____

Send completed form along with any invoices for expenses you had to pay yourself to Softball Manitoba, 145 Pacific Avenue, Winnipeg, MB R3B 2Z6. It is the responsibility of the Provincial Sport Organization to file the claim with Sport Manitoba. If you do not have any expenses at this time, please forward the forms only. Receipts for expenses can be forwarded directly to Sport Manitoba. Any inquiries can be directed to Sport Manitoba at 925-5604.

INSTRUCTIONS FOR SUBMITTING ATHLETIC ACCIDENT CLAIM FORMS

*Please remember that this insurance coverage is the **second payer**. Expenses eligible under any other health care plan(s) must be submitted to that plan(s) first. This policy will pay only the amount of expenses that are not eligible with any other insurer.*

1. Claimant completes **Sections I to V** on claim form.
2. Club or League President, Coach or Manager must complete **Certification of Association or Club**.
3. A Physician Statement and/or Dentist Form confirming diagnosis and recommended treatments must be completed and submitted with claim form if you are claiming other than ambulance expense. (Physician Statement can only be completed by a licensed Physician, that is, not a Physiotherapist, etc.)
4. Submit claim form with Physician Statement/Dentist Form to the Provincial Sport Organization you are a member of, for the Executive Director to certify eligibility of claimant and team.
5. Executive Director submits forms to Sport Manitoba Inc. to certify eligibility of sport association. Sport Manitoba forwards all information to All Sport Insurance Marketing Ltd. (Claimant then can communicate directly with insurance company.)

IMPORTANT INFORMATION TO NOTE WHEN SUBMITTING CLAIM:

1. An Athletic Accident Claim Form **must be received by All Sport Insurance Marketing Ltd. within 90 DAYS** of the accident date. **A Physician/Dentist must have been consulted within 30 DAYS** of the accident date.
2. You must provide all information requested; incomplete claim forms will not be processed. Important - Include full address, that is, city and postal code. Do not leave any questions blank or form will be considered incomplete and returned.
3. Itemized statements and paid receipts (**originals are required if there is no other coverage available**) should indicate the patient's name, name of medication prescribed, type of purchase or service, date of each purchase or service, and amount charged for each purchase or service. Once claim is submitted, eligible expenses as a result of the injury can be claimed for up to one year after the accident date.
4. If payment should be made to anyone other than the claimant, please indicate so on the receipts/information submitted.
5. **Some benefits covered under this policy are:** physiotherapist, athletic therapist, chiropractor, massage therapist, osteopath, prescribed drugs, ambulance, vision care, dental, and medical braces. (For benefits not mentioned, please contact Sport Manitoba Inc.) Hospital room accommodation is not an eligible expense.
6. **Medical braces prescribed for rehabilitation (daily wear) purposes are "covered", but medical braces required primarily for sporting type activities are "not covered"**. Notification from the licensed physician or surgeon indicating the diagnosis, the specific medical necessity for prescribing the brace, and the type of brace prescribed must be submitted with your receipt. The Physician's Statement and proof of purchase is not evidence of a prescription.
7. A Physician's referral must be included with the receipts for the services provided by a physiotherapist, athletic therapist, chiropractor, massage therapist or osteopath.
8. Vision care expenses can be claimed if your injury received medical treatment and resulted in the loss or damage of eyewear, or the requirement of eyewear due to a sport related accident. An explanation must be submitted with your receipt to claim the limited benefit.
9. This policy does not make payment for any service or treatment that is available within the provincial plan, whether there is enrollment in the provincial plan or not.

IF YOU REQUIRE FURTHER INFORMATION OR HAVE ANY CLAIM INQUIRIES, PLEASE CONTACT SPORT MANITOBA AT (204) 925-5604.

145 Pacific Avenue • Winnipeg, MB R3B 2Z6 • 204.925.5605 • Fax 204.925.5916
info@sportmanitoba.ca • www.sportmanitoba.ca





DENTIST FORM

PLEASE RETURN COMPLETED FORM WITH YOUR ACCIDENT CLAIM TO SOFTBALL MANITOBA, 145 PACIFIC AVENUE, WINNIPEG, MB R3B 2Z6. ANY INQUIRIES, CONTACT SPORT MANITOBA, 925-5604.

PART 1 - DENTIST

Dentist's Name Patient's Last Name Given Names
Address Address
City, Province, Postal Code City, Province, Postal Code
Telephone

Table with columns: Date of Service (Day, Mo, Yr), Int. Tooth Code, Procedure Code, Tooth Surfaces, Laboratory Charge, Dentist's Fee, Total Charge. Includes signature lines for Dentist and Patient/Guardian, and Date fields.

FOR PLAN ADMINISTRATOR USE ONLY:
NOTICE TO DENTIST:
Please Note - Under the terms of the Policy, this report must be forwarded to the Company within 90 days of the date of the accident. Your cooperation will be appreciated.
CLAIM APPROVED:

PART 2. DENTIST'S SUPPLEMENTARY REPORT
1. Description of Damage:
2. Is further treatment indicated? NO [] YES [] If "Yes" please indicate:

Table with columns: Int. Tooth Code, Treatment indicated - use procedure code if possible, Est. Date - Treatment (Day, Mo, Yr).

3. Describe further potential problems and indicate time frame.
Date: Day Month Yr Dentist's Signature:

ALL INFORMATION ON THIS FORM IS CONFIDENTIAL

ATTENDING PHYSICIAN'S STATEMENT

Please complete this claim form and return it to your patient. Patient is then to return the completed form with his/her accident claim form to the office of the sport he/she was injured in, at 145 Pacific Avenue., Winnipeg, MB, R3B 2Z6. Any inquiries, contact Sport Manitoba Inc., 925-5604.

PATIENT'S NAME: _____ AGE: _____

ADDRESS: _____

Diagnosis: Please indicate the name(s) of the bone(s) fractured or dislocated:

If brace is required, explain the medical necessity (be specific): _____

If hospitalized, give name of hospital: _____

Date Admitted: _____ 20____ Discharged: _____ 20____

If referred to you, give name of referring physician:

Operations (or other procedures performed:)

_____ Date: _____

_____ Date: _____

_____ Date: _____

Date of first consultation for above: _____ 20____

Date of first symptoms: _____ 20____ Date of Accident: _____ 20____

Has the patient ever had same or similar condition? _____

If "Yes", please state when and describe: _____

Is there any other disease or infirmity affecting the present condition?

Date: _____ 20____ Signature: _____ (M.D.)

Address: _____

Certified Specialist: _____ Phone: _____

**PLEASE READ THROUGH THE FOLLOWING REGARDING THE ACCIDENT
INSURANCE PROGRAM. ANY QUESTIONS CONTACT
SPORT MANITOBA, 145 PACIFIC AVENUE., WINNIPEG, MB R3B 2Z6, 925-5604**

INSURANCE PROGRAM BROCHURE:

- The brochure is just a summary of the All Sport Insurance Marketing Ltd. program and includes information pertaining to **both Accident and Liability** insurance. If your association does not have Liability insurance through this program, then only the Accident insurance portion relates to you.

ATHLETIC ACCIDENT CLAIM INFORMATION:

Please ensure that your sport office (and/or anyone who distributes the claim forms to the injured athletes on behalf of your sport office) understands the following.

- In order for any claim to be processed, **All Sport Insurance Marketing Ltd. must receive the Athletic Accident Claim form within 90 days of the accident.**
- This insurance is a **reimbursement** policy and is the **second payer**. The policy only comes into effect after all other insurance available to the injured athlete is exhausted.
- The athlete receives an Athletic Accident Claim form and Physician/Dentist form from their sport association office. If an athlete submits an Athletic Accident Claim form and **does not require the attention of a Physician within 30 days** of the accident, any receipts/bills submitted for the **claim will not be insurable.**
- The Physician form must be completed by a licensed doctor (not a Physiotherapist, Chiropractor, etc.) verifying that the **first consultation** of a Physician was received **within 30 days** of the accident. **(This does not mean that the claim has to be submitted within 30 days, it only means that there must be proof of a Physician being required within 30 days of the accident.)**
- Neither the Athletic Accident Claim form nor the Physician/Dentist form on their own can be processed. **All Sport Insurance Marketing Ltd. must receive both pieces of information.**
- Once the claim form is completed, the athlete **must submit it to the sport association office.** The claim form is then submitted to Sport Manitoba to be processed and forwarded to All Sport Insurance Marketing Ltd.
- The athlete should not wait until the last minute to submit the claim as there is processing time involved. That is, **do not wait until all the medical receipts are received.** Submit the claim first to ensure it is received within 90 days and any (further) medical receipts pertaining to that injury can then be submitted on an ongoing basis for up to one year from the date of the accident.
- If payment should be made to anyone other than the claimant (Physician, Dentist, etc.), please indicate so on the receipts/information submitted.

Instructions for completing/submitting the form(s) and information relating to coverage are on the reverse side of each Athletic Accident Claim form. Please ensure that the injured athlete reads through and understands this information prior to issuing the forms.

COMMON QUESTIONS ASKED REGARDING ACCIDENT INSURANCE

1. WHEN WILL I GET PAID/REIMBURSED?

This is a reimbursement policy. Due to the processing time involved, payment for the reimbursement of claims may be anywhere from four to six weeks. If there is indication that further receipts will be submitted, rather than reimburse a claimant for one or two, the insurance company may wait and process a cheque for them all at one time. Some common reasons for delay in payment are:

- i) if the injured athlete has other insurance (this policy is a "second payer" and will come into effect after all other insurance available to the athlete is exhausted);
- ii) the address on the claim form for the athlete is incorrect or incomplete;
- iii) no physician's/dentist's statement and receipts have been received;
- iv) there is no indication that the initial treatment was received within 30 days of the accident;
- v) the claim was submitted after 90 days of the accident date.

2. ARE BRACES COVERED?

Yes, however, there must be a written prescription by a licensed doctor in order for aircasts/braces, etc. to be insured. **Proof of purchase is not evidence of a prescription.** Aircasts/braces, etc. required primarily for sports activities are not covered. They must be required for daily wear to rehabilitate.

3. CAN THE PHYSIOTHERAPIST COMPLETE THE PHYSICIAN'S STATEMENT?

No. A licensed doctor must complete the Physician's Statement. The injured athlete must be referred to a Physiotherapist, Chiropractor, Athletic Therapist or Massage Therapist in order for expenses to be reimbursed.

4. IS PHYSIOTHERAPY (CHIROPRACTIC, ATHLETIC OR MASSAGE THERAPY) 100% COVERED?

Yes, once all other insurance available to the claimant is exhausted and provided a licensed doctor has referred the injured athlete to the therapist.

5. DO I NEED EXTRA COVERAGE FOR TRAVELLING?

No. However, the "travel accident **and** sickness" portion of this policy only applies to "out-of-country". While traveling in Canada, the policy is strictly a "sport accident" policy and therefore the injury must be sustained while participating in a sanctioned game or practice. There is no need to report before departure unless it is for more than 10 days. Keep in mind that this policy is the second payer. Bills must first be submitted to The Manitoba Health Services Commission and/or any other insurance company available to you. Note: Regarding **TRANSPORTATION EXPENSES** - When out of Canada, if required to return separately before or after the team returns due to an accident or illness, the extra expenses incurred would be covered. Extra expenses incurred as a result of the same would not be covered if within Canada.

6. IF I AM INJURED WHILE TRAVELLING, WHAT DO I SHOW THEM AS PROOF OF INSURANCE?

A travel accident insurance brochure is available from your sport association office. If the hospital requires more information, have them contact All Sport Insurance for verification. A phone number is on the back of the brochure. **Do not use the application form included in this brochure.** Athletes already have travel insurance through their sport association's accident insurance program. This travel accident insurance brochure is just provided by All Sport Insurance as general information and is to be used as a reference if required while travelling.

7. HOW LONG CAN I CLAIM EXPENSES?

Up to one year from the date of the accident.

8. IS AMBULANCE COVERED?

Yes (Ground Ambulance Only)

9. DO I HAVE TO WAIT UNTIL I HAVE ALL OF MY RECEIPTS BEFORE SUBMITTING MY CLAIM?

No. You may submit your claim form and physician's/dentist's statement first so that All Sport Insurance receives your claim within 90 days of the accident. Once your claim has been processed, any receipts can be submitted on an ongoing basis (up to one year after the accident date) directly to Sport Manitoba Inc. If All Sport Insurance Company receives just the athlete accident claim form and physician's statement, they will open your file and await any receipts. If after a period of time no receipts have been submitted, a form letter will be sent to you requesting any receipts.

10. WHAT HAPPENS IF ALL SPORT INSURANCE RECEIVES A CLAIM PAST 90 DAYS OF THE ACCIDENT DATE?

Claim will be denied. However, claims received past 90 days may be considered if All Sport Insurance feels that the reason for the delay is justified. (A letter of explanation for the delay should accompany the claim.)

11. IF I HAVE OTHER INSURANCE, DO I SUBMIT MY EXPENSES TO THAT COMPANY FIRST?

Yes. However, in order for a claim to be processed, All Sport Insurance must receive a completed athlete accident claim form and physician's statement **within 90 days** of the accident date. There is a section on the claim form that asks if there is other insurance. This will indicate to All Sport Insurance that the balance of receipts not paid will be forwarded once all other insurance is exhausted.

12. AT WHAT POINT DO ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS APPLY WHEN TRAVELLING TO AN EVENT BY AUTOMOBILE?

There must be three or more people travelling together in the same automobile for these benefits to apply.



TRAVEL ACCIDENT INSURANCE INFORMATION

PROCEDURES FOR SUBMITTING ATHLETIC ACCIDENT CLAIMS OCCURRING OUT OF PROVINCE (U.S. INCLUDED)

1. Upon return, contact your sport association for an Athlete Accident Claim form. (Note: Regarding **TRANSPORTATION EXPENSES** - When **out of Canada**, if required to return separately before or after the team returns due to an accident or illness, the extra expenses incurred would be covered. Extra expenses incurred as a result of the same would not be covered if **within Canada**.)
2. Complete Athlete Accident Claim form and submit with any Physician's documentation from the States to your sport association office. (After verification, it will then be forwarded to All Sport Insurance Marketing Ltd.)
3. Medical receipts/bills, etc. must first be submitted to Manitoba Health and/or any other insurance company available to you for coverage. Our policy is the second payer and will be effective once all other insurance available to you is exhausted.
4. When you receive notification of benefits paid by Manitoba Health or any other insurance company, submit this information that explains the balance outstanding with any bills/statements from the States hospital/medical centre to Sport Manitoba, 200 Main St., Winnipeg, MB, R3C 4M2. These will be forwarded to All Sport Insurance Marketing Ltd.
5. **Do not wait until you receive notification of the benefits covered by Manitoba Health or any other insurance company before submitting your Athlete Accident Claim form. Submit the claim first to ensure it is received within 90 days and any (further) medical receipts/bills pertaining to this injury/sickness can then be submitted at a later date.**

Payment by All Sport Insurance Marketing Ltd. can be made directly to the States hospital/medical centre if specifically requested when submitting any outstanding bills/statements to All Sport Insurance Marketing Ltd.

*Any questions, please contact:
Sport Manitoba, 145 Pacific Avenue, Winnipeg, MB R3B 2Z6
925-5604*

Additional Travel Information:

Benefits – Excess Medical/Hospital Expense – Accident & Sickness

When as a result of an injury or sickness the insured requires necessary services of a physician, registered nurse, physiotherapist, hospital, x-ray clinic, laboratory, ambulance or emergency medical return to the outbound point of departure, the Insurer will pay the actual expenses incurred not to exceed the maximum sum stated on the individual certificate.

Hospital services shall include all necessary services provided normally by a duly registered and licensed hospital excluding services of a nursing home, rest home, or by other non-hospital institutions.

Coverage is provided only for expenses incurred by Canadian Residents which are in excess of the benefits available under any Canadian Federal or Provincial Hospital and/or Medical Plan regardless of whether or not the insured is enrolled in such a plan.

Blanket Dental Accident Reimbursement

WHEN AN INJURY TO WHOLE OR SOUND TEETH INCLUDING FILLED OR RESTORED TEETH REQUIRES AND RECEIVES DENTAL TREATMENT COMMENCING WITHIN 30 DAYS OF THE DATE OF THE ACCIDENT THE INSURER SHALL PAY FOR THE NECESSARY EXPENSES FOR SUCH TREATMENT RENDERED WITHIN 52 WEEKS OF THE ACCIDENT. THE FOLLOWING PROVISIONS APPLY:

- a) Any payments made under this section shall not exceed the amount specified in the Schedule of Fees in effect at the time of the accident as published by the Dental Association of the Province in which this document of insurance is issued.
- b) Capped or crowned teeth shall be deemed as whole or sound teeth.
- c) No benefit will be payable for expenses of dental treatment incurred for the cost of replacement, adjustment or repair of artificial teeth or dentures (except as otherwise provided herein), any orthodontic treatment; any dental treatment provided solely for cosmetic or esthetic reasons.

Interruption Insurance

Out of Pocket Expenses: In the event covered injury or sickness causes an insured's delay in returning to the point of departure beyond the return date, the Insurer will pay for reasonable out-of-pocket expenses incurred by the insured up to the per diem amount specified in the individual certificate, not to exceed the maximum applicable benefit for all such expenses.

Trip Interruption: If, after the outbound departure, the insured is obliged to leave the tour upon a physician's advice due to covered illness or injury, the Insurer will pay for the cost of one-way economy class transportation to rejoin the ongoing tour or to original point of departure.

Repatriation Expense: In the event of covered death of the insured, occurring after the originating flight date, the Insurer will pay the cost of the actual expense incurred for conveyance of the body and ashes of the insured person, to the outbound point of departure, not to exceed the applicable maximum benefit.

Limitations and Exclusions:

THIS INSURANCE DOES NOT PROVIDE EXPENSES INCURRED DIRECTLY OR INDIRECTLY AS A RESULT OF:

- a) Injury or sickness for which medical hospital benefits are provided under any other insurance policy or plan except for the excess not covered under such other insurance;
- b) Maintenance Therapy for pre-existing medical conditions;
- c) Dental, Chiropractic or any other health services not mentioned specifically in Excess Medical/Dental Expenses;
- d) Suicide or self destruction, intentionally self inflicted injuries or any attempt thereat;
- e) Declared or undeclared war, civil war, riot, insurrection, invasion or any act thereof;
- f) An illegal act by the insured or beneficiary;
- g) Participation in armed forces training exercises or maneuvers;
- h) Participation in sport, not listed within policy.
- i) A payment which contravenes any plan or any government or political subdivision or law of Canada.