SPORT ACCIDENT CLAIM FORM

Full name of Insured Person (member)			
Date of Birth (mm/dd/yyyy)		Gender	
Mailing Address including City and Postal Code			
Contact Person if claimant is a minor (parent or guardian)			
Home Phone		Daytime Phone Number	
Email address			
Date of Accident			
Location of Accident			
Describe in detail how the accident occurred			
Type of Injury			
Name of Doctor/Dentist			
Address of Doctor/Dentist			
Do you have other benefits provided under any other insurance plan? Yes or No			
If yes, provide name of Insurer and policy number (certificate)			
I hereby certify that all information provided in this accident form is correct.			
Claimant/Guardian Signature		Date	
Certificate of Team Manager / Association or Club Executive:			
Name of Team/League/Association			
Policy Number	**SLA00067**		
Was the player a member at the time of the accident? Yes or No			
Was the injury during a sanctioned game or practice? Yes or No			
Name		Position	
Signature		Phone number	
Date			
See Instruction Page for further details on submitting claims			

Please email documents to Gymnastics BC – safety@gymbc.org

PHYSICIAN'S STATEMENT

Please complete this form and return to patient.

Patient's accident claim cannot be processed with the completed Physician's Statement.

Name of Patient			
Date of Birth (mm/dd/yyyy)		Gender	
Mailing Address including City and Postal Code			
Date of first visit			
Completed description of the injury and your diagnosis			
If hospital was required, give name of facility			
Date admitted		Discharge date	
Name of referring physician, if any			
Physician Name			
Signature			
Address			
Date			

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PART 1 DENTIST

Dentist's Name _____

Address _____

City, Province _____

Postal Code _____

Telephone _____

Patient's Last Name _____ Given Names _____

Address _____ Apt. _____

City, Province _____

Postal Code _____

Date of Service D M Y	Int. Tooth Code	Procedure Code	Tooth Surfaces	Laboratory Charge	Dentist's Fee	Total Charge

This is an accurate statement of services performed and fees charges. E. & OE.	Total Submitted Fee
Dentist's Signature	Date: Day Month Year

FOR DENTIST'S USE ONLY.

For additional information Re: diagnosis, procedures or complications and special considerations.

I understand that the fees listed in this claim may not be covered by or may exceed my policy benefits. I understand that I am financially responsible to my dentist for the entire cost of the treatment. I authorize release of the information contained in this claim form to my insuring company or its agents.	I hereby assign benefits payable from this claim to the above named dentist and authorize payment directly to him.	CLAIM APPROVED:
Signature of Patient (or Parent/Guardian)	Signature of Subscriber	Day Month Year Assessor

FOR PLAN ADMINSTRATOR USE ONLY:

NOTICE TO DENTIST:

Please Note – Under the terms of the Policy, this report must be forwarded to Gymnastics BC within 90 days of the date of the accident. Your co-operation will be appreciated.

PART 2. DENTIST'S SUPPLEMENTARY REPORT

1. Description of Damage _____

2. Is further treatment indicated? NO ☐ YES ☐ If "Yes" please indicate:

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 Year

Dentist's Signature _____

ALL INFORMATION RECORDED ON THIS FORM IS CONFIDENTIAL

Please email documents to Gymnastics BC – safety@gymbc.org

SPORT ACCIDENT CLAIM FORM INSTRUCTIONS

- GameDay Insurance must receive notification of your accident within 30 days of it occurring and receive your claim form within 90 days of the accident.

- Complete attached Sport Accident Claim Form and Physician Statement. If your claim is for dental injury have your dentist complete and submit a Predetermination Form.

- Forward forms along with original copies of expense receipts to date.

- If you intend to make a claim but have not had out-of-pocket expenses to date, complete and submit claim form indicating receipts are to follow.

- If you have questions regarding submission of forms, contact safety@gymbc.org

Please email documents to Gymnastics BC – safety@gymbc.org