



American Youth Soccer Organization (AYSO)

Listed below are important instructions and comments about filing a claim.

YOUR CLAIM FORM

1. This claim form should be fully complete and submitted within 90 days from the date of injury. Be sure to answer and complete the section regarding “**OTHER INSURANCE STATEMENT**”, marking either yes or no and signing the line for authorization so that **HSR** and the doctors/hospitals may communicate concerning your claim.

Incomplete claim forms are one of the most frequent reasons why claim payments are delayed.

2. The claim form must be signed by an AYSO Regional Commissioner and an AYSO Safety Director.
3. Only one claim form for each accident needs to be submitted.
4. Once completed, make a photocopy for your records and mail to the address shown below.
5. **DO NOT** assume that anyone else will mail this claim form to **HSR** for you.

YOUR BILLS

1. Please advise all doctors/hospitals regarding this coverage so they may forward their itemized bills to us.
2. If you have already been to the doctor/hospital and did not know about this coverage, please send all of the itemized bills you receive to **HSR** at the address shown below.
3. The bills should include the name of the doctor/hospital, their complete mailing address, telephone number, the date you were seen by the doctor/hospital, what the doctor saw you for and the specific itemized charges incurred.
4. If this information is not on the bill when you send it to us, we will have to contact the doctor/hospital which will delay the review of your claim. “Balance Due” statements do not contain sufficient information to complete your claim. Mailing **HSR** “Balance Due” statements will only delay the processing of your claim.

EXCESS INSURANCE

1. This policy provides coverage on a secondary/excess basis. If you have any other primary insurance coverage, you need to send the bills to your primary insurance first.
2. **HSR** will consider benefits after your other (primary) insurance has processed the claim.
3. We will require a copy of your primary insurance’s **Explanation of Benefits (EOB)**. This is the statement you receive from your primary insurance explaining what was paid or denied and the reason(s) why.
4. **HSR** will not be able to consider your claim without your primary insurance’s **Explanation of Benefits**.

If you have any questions, please contact AYSO NSTC at (800) 872-2976 or via e-mail at insurance@ayso.org.

Health Special Risk, Inc.
4100 Medical Parkway
Carrollton, TX 75007