SPECIAL OLYMPICS
FIRST REPORT OF ACCIDENT/INCIDENT

American Specialty INSURANCE

Special Olympics

U.S. Program/Area: _____ **Date of Incident**: _____

Injured Person/Party Information Date of Birth: ____/_____/_____ Age: _____

Name: _____
(Last) (First) (MI)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: (_____)_____-_____ Work Phone: (_____)_____-_____

Gender: ☐ Male ☐ Female Social Security Number: _____-____-_____

TYPE OF INJURY/ACCIDENT:
- ☐ Bodily Injury
- ☐ Property Damage
- ☐ Automobile
- ☐ Other:_____

INJURED PARTY:
- ☐ Athlete
- ☐ Volunteer
- ☐ Coach
- ☐ Employee
- ☐ Other:_____
- ☐ Spectator
- ☐ Unified Partner
- ☐ Property Owner

Description of Accident (If automobile accident occurred, please attach a copy of the police report). Describe how the accident occurred (attach a separate sheet if necessary):_____

_____

Site/event where accident occurred:_____

ACCIDENT OCCURRED DURING:
- ☐ Training/Practice
- ☐ Competition
- ☐ Traveling to or from SO event
- ☐ Other: _____

TYPE OF INJURY:
- ☐ Severe cut w/ bleeding
- ☐ Less serious bruise or cut
- ☐ Break/fracture
- ☐ Concussion
- ☐ Paralysis
- ☐ Fatality
- ☐ Other:_____

_____

DISPOSITION:
- ☐ Released to parent
- ☐ Refusal of care
- ☐ Refer to doctor
- ☐ Refer to hospital or clinic
- ☐ Medical attention
- ☐ EMS transport
- ☐ Patient requested EMS transport
- ☐ Released to personal vehicle
- ☐ Police
- ☐ Ambulance
- ☐ Report only
- ☐ Other:_____

_____

BODY PART INJURED:
- ☐ Head
- ☐ Neck
- ☐ Torso
- ☐ Back
- ☐ Hand (L / R)
- ☐ Finger (L / R)
- ☐ Elbow (L / R)
- ☐ Shoulder (L / R)
- ☐ Leg (L / R)
- ☐ Knee (L / R)
- ☐ Thigh (L / R)
- ☐ Shin (L / R)
- ☐ Toe (L / R)
- ☐ Other: _____

SPORT:
- ☐ Alpine Skiing
- ☐ Aquatics
- ☐ Athletics
- ☐ Badminton
- ☐ Baseball
- ☐ Basketball
- ☐ Bocce
- ☐ Bowling
- ☐ Cheerleading
- ☐ Cross Country Ski
- ☐ Cycling
- ☐ Equestrian
- ☐ Figure Skating
- ☐ Floor Hockey
- ☐ Golf
- ☐ Gymnastics
- ☐ Kickball

SPORT cont.
- ☐ Power Lifting
- ☐ Relay Game
- ☐ Roller Skating
- ☐ Sailing
- ☐ Snowboarding
- ☐ Snowshoe
- ☐ Soccer
- ☐ Softball
- ☐ Speed Skating
- ☐ Swimming
- ☐ Table Tennis
- ☐ Team Handball
- ☐ Tennis
- ☐ Track & Field
- ☐ Volleyball
- ☐ Other: _____

_____

Contact/Care Provider Information If an athlete or underage volunteer was injured, please identify care provider and/or responsible party (e.g. parent, legal guardian).

Relationship to the injured person:_____
Name:_____
Address:_____
_____
Home Phone: (_____)_____-_____

Employer Name: _____
Employer Address: _____
_____
Work Phone: (_____)_____-_____

Does the injured person have medical insurance? ☐ Yes ☐ No
If yes, insurance is provided by: ☐ Injured Person ☐ Care Provider/Responsible Party
Please provide name of Company and Policy Number: _____

Witness Information (Please provide names and phone numbers of any witnesses to the incident)

Witness #1 Name:_____ Daytime Phone: (_____)_____-_____
Witness #2 Name:_____ Daytime Phone: (_____)_____-_____

Special Olympics Official / Representative (other than claimant)

Name:_____ Daytime Phone: (_____)_____-_____
Signature:_____

SUBMIT ACCIDENT MEDICAL CLAIMS TO:
HEALTH SPECIAL RISK, INC. (HSR)
HSR, 8400 Belleview Drive, Suite 150, Plano, TX 75024
Toll Free: 800.328.1114 | Fax: 972.512.5820
Email: claims@hsri.com

Special Olympics Policy Number: SR2014DC-P-050866

SUBMIT LIABILITY CLAIMS TO:
AMERICAN SPECIALTY INSURANCE
7609 W. Jefferson Blvd., Suite 150, Fort Wayne, IN 46804
Toll Free: 800.566.7941 | Fax: 260.969.4729
Email: claims@americanspecialty.com

IF INJURY WAS SERIOUS OR FATAL, IMMEDIATELY NOTIFY
AMERICAN SPECIALTY at 800.566.7941.
We provide 24/7 Emergency Claims Phone Coverage.

HOW TO FILE A CLAIM:

Excess Accident Medical Coverage

Special Olympics Corporate Insurance Program; Excess Accident Medical Coverage

FIRST REPORT OF ACCIDENT/INCIDENT

1. The claim form should be fully completed and submitted within 90 days from the date of injury. Please also answer and complete the section regarding other medical insurance under "Contact/Care Provider Information" by marking either yes or no, and providing the Company and Policy Number. Incomplete claim forms are one of the most frequent reasons for claim payments being delayed.
2. The claim form must be signed by a Special Olympics representative.
3. Only one claim form for each accident needs to be submitted to ***HSR***.
4. Once completed, we suggest keeping a copy for your records, and mailing the original to the address shown below.
5. If medical expenses are incurred as a result of an accidental injury at a Special Olympics event, it is recommended that providers are notified of this secondary insurance, including the policy number listed on the incident report form and the contact information for ***HSR***.

YOUR BILLS

1. As outlined above, please advise all doctors/hospitals regarding this coverage so they may forward us their itemized bills.
2. If you have already been to the doctor/hospital and did not know about this coverage, then please send all the itemized bills 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 (diagnosis) and the specific itemized charges (description of treatment including the CPT/procedure code). Contact your medical provider for a UB04 or HCFA 1500 billing form.
   - **Please note that an itemized bill is defined as a bill/claim form from the provider via UBO4 or HICFA-1500 claim form. Submitting itemized bills in any other format will delay the claims process. Providers are familiar with this process, so please be sure to (1) contact the provider and share the details above and request that the provider submit outstanding balances directly to *HSR*; or (2) secure a copy of the UBO4 or HICFA 1500s provided to the primary insurer and submit a copy to HSR for consideration**.
4. Due to HIPAA Privacy laws ***HSR*** is unable to request this information from your medical provider. "Balance Due" or "Balance Forward" statements do not contain sufficient information to complete your claim. ***HSR*** cannot pay your bills using only the Primary Insurance Carrier's EOB.

EXCESS ACCIDENT MEDICAL INSURANCE

1. If the policy provides coverage on a secondary/excess basis and 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 primary insurance has processed the claim.
3. We will require a copy of your primary insurance Explanation of Benefits (EOB) which you should receive from your primary insurance letting you know what was paid or denied, and the reason(s)why. ***HSR*** will not be able to consider your claim without this information.

If you have any questions, please contact Customer Service at (866) 523-3199. They are available from 8:00 a.m. to 5:00 p.m. Central time, Monday – Friday. You may also forward any documents by fax to (972) 512-5820 or email to claims@hsri.com.

HOW TO FILE A CLAIM:

General Liability and Automobile Liability

Special Olympics Corporate Insurance Program; General Liability and Automobile Liability

FIRST REPORT OF ACCIDENT/INCIDENT

It is recommended that incidents that may give rise to a liability claim (for example, serious bodily injury to participant, spectator or volunteer, automobile accident, or property damage to a facility used for an event), or if you receive a legal summons or a letter from an attorney as a result of such an incident, please report this information to the American Specialty claims team as outlined below:

1. Complete the First Report of Accident Claim form.
2. Submit the First Report of Accident and/or the Summons/Letter from Attorney to:
   American Specialty Insurance & Risk Services, Inc.
   7690 W Jefferson Blvd, Suite 150
   Fort Wayne, IN 46804
   Customer Service: 800-566-7941
   claims@americanspecialty.com
3. If Injury was serious or fatal, immediately notify American Specialty at 800-561-7941. We provide 24/7 Emergency Claims Phone Coverage.

If you have questions, please contact Customer Service at 800-566-7941. Representatives are available from 8:00 a.m. to 5:00 p.m. (EST) Monday – Friday. The customer service line includes information for contacting a representative after-hours, if needed. You may also forward any documents by email to: claims@americanspecialty.com.