

HOW TO FILE AN ACCIDENT CLAIM WITH OYSAN

In the event of an injury requiring medical treatment, you should:

- 1.) Obtain the OYSAN Accident Claim form from the OYSAN State Office or by downloading the form from the OYSAN insurance web site:
http://www.oysan.org/InsuranceForms/OH_0506_Med_Claim_form.pdf.
- 2.) Complete all portions of the OYSAN accident claim form. Failure to complete all sections may result in unnecessary delay in the processing of your claim.
- 3.) Have the coach or another local official that witnessed the accident sign **SECTION III** (COACH OR LOCAL OFFICIAL VERIFICATION.).
- 4.) The claimant or his/her parent or guardian must sign the claim form in **SECTION VI** (STATEMENT OF CERTIFICATION/AUTHORIZATION TO RELEASE INFORMATION.).
- 5.) File this claim form with the OYSAN office within 30 days of the date of the accident or as soon thereafter as is reasonably possible in order for your claim to be eligible for coverage.
- 6.) The OYSAN plan is written on an "excess" basis. This means that you must first submit all of your medical bills to your other insurance carrier or health care plan for processing. You will receive an Explanation of Benefits worksheet (EOB) from your other carrier explaining what has or has not been covered by that plan. Do **NOT** wait until your other carrier has processed all your bills before filing the OYSAN medical claim form. **The deductible under the OYSAN plan is \$500.**
- 7.) Attach the following documents:
 - Copies of fully itemized medical bills. Itemized bills must show the patient's name, date of service, the type of service rendered, the diagnosis or nature of condition being treated and the provider's name and address.
 - Copies of the Explanation of Benefits (EOB) from your primary insurance carrier.
- 8.) Retain a copy for your records.
- 9.) Send the claim form to OYSAN for verification and signature.
- 10.) Upon receipt of the claim form from your state association, you will receive an acknowledgement form advising you of the receipt of your claim. If you receive additional bills and/or Explanation of Benefits forms at a later date, you must submit those directly to K&K at the address and phone number listed on your acknowledgement. Include the name of the claimant, date of the accident, and indicate that you are a member of the Ohio Youth Soccer Association North with any correspondence. You do not need to complete another claim form.

Remember, you must first submit this claim form to OYSAN at the address listed below for signature and eligibility verification.

Ohio Youth Soccer Association North
3554 Brecksville Road, Suite 100
Richfield, OH 44286
Phone: (330) 659-0989
Fax: (330) 659-0993
www.oysan.org