

SYSO - ACCIDENT/INJURY REPORT

PARTICIPANT INFORMATION

Person Injured _____ Date of Birth _____

Address _____

Home Phone# _____ Additional Contact# _____

Parent/Guardian Name _____

ACCIDENT INFORMATION

Date _____ Time _____ Location _____

Nature of Injury _____

Cause of Injury _____

Contributing factors (if any) _____

Was First Aid administered on site? Yes _____ No _____

If yes above explain _____

Additional Information _____

PHYSICIAN INFORMATION

Name _____

Phone# _____

Address _____

SYSO INFORMATION

Signature of Person Making Report _____ Date _____

Signature of Commissioner Receiving Report _____ Date _____

Please Note: all reports must be forwarded to the Somers Youth Sports Org., Attn: President, 108 Village Square Box 302, Somers, NY 10589

SYSO - ACCIDENT CLAIM FORM PROCEDURES

Each person filing a claim will need to submit a separate claim form.

All sections of the claim form must be completed in detail.

Please ensure that claim form is signed where indicated as no claims can be processed without the claim form being completed in its entirety.

The **SYSO Commissioner** for the participant's sport must also sign the form.

Medical Claims:

Balance due statements from the medical providers are not acceptable. Claimants must submit documentation on itemized insurance billing forms prepared by the medical provider or facility where treatment/services were rendered. A medical provider will provide a HCFA1500 Form and a facility (hospital) will provide a UB92 form.

For Excess Policies:

If you have primary medical coverage under another policy, you must submit a copy of the corresponding Explanation of Benefits statement from your primary insurance carrier in addition to the itemized insurance bills. Mail the claim form and the supporting documents to the claims office listed on the claim form.

Once your claim package is received, it will take approximately 10 – 15 business days to review and process. Please keep in mind that all decisions regarding claims will be made by the Claims Department and will be based on the documentation provided when the claim was filed.

If you have any questions/comments, please contact Customer Service Department at 800-551-0824, Monday through Friday, between the hours of 8am to 8pm EST.
