**U.S. Club Soccer - Youth**

|  |
| --- |
| https://www.bollingersoccer.com/site/images/logos/USCS.gif  **HOW TO FILE A CLAIM:** Once the Claimant has completed and submitted the *Medical Claim form*, US Club Soccer must verify the claim. A coach, asst. coach, or club official, who was present at the time of injury, must complete and submit an *Insurance Claim Verification* form. Upon receipt, a *Verbal Verification* will be done by US Club Soccer before the claim will be forwarded to Bollinger Insurance for processing. **IMPORTANT: ALL INFORMATION MUST BE PROVIDED IN ORDER FOR CLAIM TO BE PROCESSED**1. **Excess Coverage:** Accident medical expenses are covered under this policy on an **Excess Basis**, and benefits will only be paid under this plan after your own personal or group insurance (including Health Maintenance Organizations) has paid out its benefits. Please note that you must follow your primary insurance carrier's eligibility criteria (i.e., to be treated in-network, if required by HMO, etc) in order for this policy to consider your expenses for payment. Payment under this policy will be made according to **usual and customary guidelines**. This means that the basis for payment of specific medical or dental services is based on the average cost of that service by region. This policy does not automatically pay for services in full; it pays based on the "usual and customary" fee for that service in your area.
2. **Claim Guidelines:**

You have **90** days from date of injury to submit claim form. For claims to be eligible for coverage you must seek medical attention within **60** days from date of injury.**Benefit Period:** This policy is subject to a **52  week** eligibility period from date of injury.  Medical or dental expenses that are incurred within **52  weeks** of the date of injury are eligible for coverage under this policy.  Any expenses or treatments that are rendered after the **52  week** benefit period will not be covered by this policy.  1. **Please Remember:**
	1. Advise your Doctors/Hospitals of this insurance so they can file claims directly to Bollinger
	2. **Itemized bills are required:** You must submit itemized bills; balance due bills or notices do not provide the information needed to process your claim. See below for forms needed. Payments will be made to you if the itemized bills indicate that they have been paid. Otherwise, payments will be made directly to the doctor, hospital or other service provider.
		1. **CMS-1500** is the standard form used by Providers, such as doctors and dentists, to show the medical treatments and charges made for each service.
		2. **UB-04 or UB-92** is the standard form used by Hospitals to show medical treatments and charges made for services.
		3. **Primary Insurance Explanation of Benefits (if applicable)**
2. **Dental Bills:** All dental bills must be submitted through your primary insurance's **medical and dental plans** first before making a claim for dental treatment under this policy. Please request that your provider submit a dental claim form with the explanation of benefits **(if applicable)**.
 |