



Accident Medical Claims Procedure Claim Package Checklist

To file a claim under the Louisiana Soccer Association excess/secondary insurance policy you must submit the items below. This Claim Package Checklist is for your use in compiling your package and for the use of LSA in verifying your claim before submitting it to the insurance company. If your Claim Package is incomplete in any way your claim cannot be processed. Failure to submit a completed Claim Package may result in delays in processing your claim. Please sign and return this Claim Package Checklist in your Claim Package.

Player Name _____ Date of Birth _____

Player Address _____

Date of Injury _____ Place of Injury _____

Checklist

- Claim Package Checklist (this checklist)
- Incident Report (completed by unrelated coach or manager who witnessed injury)
- Initial Medical Report (Doctor's report and/or Hospital Report)
- Copies of Medical Invoices and Bills
- Accident Medical Claim Form to be filled out online electronically.

Please email documents to valerie@lsa-soccer.org

I, the undersigned parent/guardian of the above-named injured Player understand I must provide any and all documentation necessary to for Louisiana Soccer Association to file a secondary/excess claim on our behalf. I further understand and agree that any person who knowingly presents a false or fraudulent claim for the payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Parent's Signature

Date

Revised 9.20.20