

INSTRUCTIONS FOR SUBMITTING ATHLETIC ACCIDENT CLAIM FORMS

Please remember that this insurance coverage is an excess payer. Expenses eligible under any other health care plan(s) must be submitted to that plan(s) first. This policy will pay only the amount of expenses that are not eligible with any other insurer.

1. Claimant completes **Sections I to V** on claim form.
2. Club or League President, Coach or Manager must complete **Certification of Association or Club**.
3. A Physician Statement and/or Dentist Form confirming diagnosis and recommended treatments must be completed and submitted with claim form if you are claiming other than ambulance expense. (Physician Statement can only be completed by a licensed Physician, that is, not a Physiotherapist, etc.). Sport Manitoba can provide this form if doctor/dentist requests one.
4. Submit claim form with Physician Statement/Dentist Form to the Provincial Sport Organization you are a member of (i.e. Soccer, Baseball, Softball, Football), for the Executive Director to certify eligibility of claimant and team.
5. Executive Director submits forms to Sport Manitoba to certify eligibility of sport association. Sport Manitoba forwards all information to All Sport Insurance Marketing Ltd. (Claimant then can communicate directly with insurance company.)

IMPORTANT INFORMATION TO NOTE WHEN SUBMITTING CLAIM:

1. An Athletic Accident Claim Form **must be received by All Sport Insurance Marketing Ltd. within 90 DAYS** of the accident date. **A Physician/Dentist must have been consulted within 30 DAYS** of the accident date.
2. You must provide all information requested; **incomplete** claim forms will not be processed. Important - Include **full** address, that is, **city** and **postal code**. Do not leave any questions blank or form will be considered incomplete and returned.
3. Itemized statements and paid receipts (**originals are required if there is no other coverage available**) should indicate the patient's name, name of medication prescribed, type of purchase or service, date of each purchase or service, and amount charged for each purchase or service. Once claim is submitted, eligible expenses as a result of the injury can be claimed for up to one year after the accident date.
4. If payment should be made to anyone other than the claimant, please indicate so on the receipts/information submitted.
5. **Some benefits covered under this policy are:** physiotherapist, athletic therapist, chiropractor, massage therapist, osteopath, prescribed drugs, ambulance, vision care, dental, and medical braces. (For benefits not mentioned, please contact Sport Manitoba) Hospital room accommodation is not an eligible expense.
6. **Medical braces prescribed for rehabilitation (daily wear) purposes are "covered", but medical braces required primarily for sporting type activities are "not covered"**. Notification from the licensed physician or surgeon indicating the diagnosis, the specific medical necessity for prescribing the brace, and the type of brace prescribed must be submitted with your receipt. The Physician's Statement and proof of purchase **is not** evidence of a prescription.
7. A Physician's referral must be included with the receipts for the services provided by a physiotherapist, athletic therapist, chiropractor, massage therapist or osteopath.
8. Vision care expenses can be claimed if your injury received medical treatment and resulted in the loss or damage of eyewear, or the requirement of eyewear due to a sport related accident. An explanation must be submitted with your receipt to claim the limited benefit.
9. This policy does not make payment for any service or treatment that is available within the provincial plan, whether there is enrollment in the provincial plan or not.

IF YOU REQUIRE FURTHER INFORMATION OR HAVE ANY CLAIM INQUIRIES, PLEASE CONTACT SPORT MANITOBA AT (204) 925-5604.