



# SPECIAL OLYMPICS FIRST REPORT OF ACCIDENT/INCIDENT



Special Olympics North Carolina

Date of Incident: \_\_\_\_\_

TYPE OF INJURY/ACCIDENT:

Bodily Injury

### Injured Person/Party Information

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Property Damage

Automobile

Other: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

### INJURED PARTY:

Athlete

Spectator

Volunteer

Unified Partner

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Coach

Property Owner

Gender:  Male  Female Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee

Other:

**Description of Accident** (If automobile accident occurred, please attach a copy of the police report). Describe how the accident occurred (attach a separate sheet if necessary): \_\_\_\_\_

Site/event where accident occurred: \_\_\_\_\_

### ACCIDENT OCCURRED DURING:

- Training/Practice
- Competition
- Traveling to or from SO event
- Other: \_\_\_\_\_

### TYPE OF INJURY:

- Severe cut w/ bleeding
- Less serious bruise or cut
- Break/fracture
- Concussion
- Paralysis
- Fatality
- Other: \_\_\_\_\_

### DISPOSITION:

- Released to parent
- Refusal of care
- Refer to doctor
- Refer to hospital or clinic
- Medical attention
- EMS transport
- Patient requested EMS transport
- Released to personal vehicle
- Police
- Ambulance
- Report only
- Other: \_\_\_\_\_

### BODY PART INJURED:

- Head
- Neck
- Torso
- Back
- Hand (L / R)
- Finger (L / R)
- Elbow (L / R)
- Shoulder (L / R)
- Leg (L / R)
- Knee (L / R)
- Thigh (L / R)
- Shin (L / R)
- Toe (L / R)
- Other: \_\_\_\_\_

### SPORT:

- Alpine Skiing
- Aquatics
- Athletics
- Badminton
- Baseball
- Basketball
- Bocce
- Bowling
- Cheerleading
- Cross Country Ski
- Cycling
- Equestrian
- Figure Skating
- Floor Hockey
- Golf
- Gymnastics
- Kickball

### SPORT cont.

- Power Lifting
- Relay Game
- Roller Skating
- Sailing
- Snowboarding
- Snowshoe
- Soccer
- Softball
- Speed Skating
- Swimming
- Table Tennis
- Team Handball
- Tennis
- Track & Field
- Volleyball
- Other: \_\_\_\_\_

**Contact/Care Provider Information** If an athlete or underage volunteer was injured, please identify care provider and/or responsible party (e.g. parent, legal guardian).

Relationship to the injured person: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Does the injured person have medical insurance?  Yes  No

If yes, insurance is provided by:  Injured Person  Care Provider/Responsible Party

Please provide name of Company and Policy Number: \_\_\_\_\_

**Witness Information** (Please provide names and phone numbers of any witnesses to the incident)

Witness #1 Name: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Witness #2 Name: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Special Olympics Representative** (other than claimant)

Special Olympics North Carolina Health Director

Daytime Phone: (919) 719- 7662, ext 121

Signature: \_\_\_\_\_

### SUBMIT ACCIDENT MEDICAL AND LIABILITY CLAIMS TO:

ATTN: SONC Health Director  
Special Olympics North Carolina

2200 Gateway Centre Blvd., Ste. 201  
Morrisville, NC 27560

Mail or Scan and Email Claims to [health@sonc.net](mailto:health@sonc.net)

**IF INJURY WAS SERIOUS OR FATAL, IMMEDIATELY NOTIFY**

- AMERICAN SPECIALTY at 800.566.7941.  
We provide 24/7 Emergency Claims Phone Coverage.
- SONC President at 919.818.4455

Special Olympics Policy Number: SR2014DC-P-050866

## HOW TO FILE A CLAIM:

### Excess Accident Medical Coverage

Special Olympics Corporate Insurance Program; Excess Accident Medical Coverage

#### FIRST REPORT OF ACCIDENT/INCIDENT

1. The claim form should be fully completed and submitted within 90 days from the date of injury. Please also answer and complete the section regarding other medical insurance under “Contact/Care Provider Information” by marking either yes or no, and providing the Company and Policy Number. Incomplete claim forms are one of the most frequent reasons for claim payments being delayed.
2. The claim form must be signed by a Special Olympics representative.
3. Only one claim form for each accident needs to be submitted to **HSR**.
4. Once completed, we suggest keeping a copy for your records, and mailing the original to the address shown below.
5. If medical expenses are incurred as a result of an accidental injury at a Special Olympics event, it is recommended that providers are notified of this secondary insurance, including the policy number listed on the incident report form and the contact information for **HSR**.

#### YOUR BILLS

1. As outlined above, please advise all doctors/hospitals regarding this coverage so they may forward us their itemized bills.
2. If you have already been to the doctor/hospital and did not know about this coverage, then please send all the itemized bills to **HSR** at the address shown below.
3. The bills should include the name of the doctor/hospital, their complete mailing address, telephone number, the date you were seen by the doctor/hospital, what the doctor saw you for (diagnosis) and the specific itemized charges (description of treatment including the CPT/procedure code). Contact your medical provider for a UB04 or HCFA 1500 billing form.
  - **Please note that an itemized bill is defined as a bill/claim form from the provider via UBO4 or HICFA-1500 claim form. Submitting itemized bills in any other format will delay the claims process. Providers are familiar with this process, so please be sure to (1) contact the provider and share the details above and request that the provider submit outstanding balances directly to **HSR**; or (2) secure a copy of the UBO4 or HICFA 1500s provided to the primary insurer and submit a copy to **HSR** for consideration.**
4. Due to HIPAA Privacy laws **HSR** is unable to request this information from your medical provider. “Balance Due” or “Balance Forward” statements do not contain sufficient information to complete your claim. **HSR** cannot pay your bills using only the Primary Insurance Carrier’s EOB.

#### EXCESS ACCIDENT MEDICAL INSURANCE

1. If the policy provides coverage on a secondary/excess basis and you have any other primary insurance coverage you need to send the bills to your primary insurance first.
2. **HSR** will consider benefits after your primary insurance has processed the claim.
3. We will require a copy of your primary insurance Explanation of Benefits (EOB) which you should receive from your primary insurance letting you know what was paid or denied, and the reason(s) why. **HSR** will not be able to consider your claim without this information.

If you have any questions, please contact Customer Service at (866) 523-3199. They are available from 8:00 a.m. to 5:00 p.m. Central time, Monday – Friday. You may also forward any documents by fax to (972) 512-5820 or email to [claims@hsri.com](mailto:claims@hsri.com).

## **HOW TO FILE A CLAIM:**

### **General Liability and Automobile Liability**

Special Olympics Corporate Insurance Program; General Liability and Automobile Liability

#### **FIRST REPORT OF ACCIDENT/INCIDENT**

It is recommended that incidents that may give rise to a liability claim (for example, serious bodily injury to participant, spectator or volunteer, automobile accident, or property damage to a facility used for an event), or if you receive a legal summons or a letter from an attorney as a result of such an incident, please report this information to the American Specialty claims team as outlined below:

1. Complete the First Report of Accident Claim form.
2. Submit the First Report of Accident and/or the Summons/Letter from Attorney to:  
American Specialty Insurance & Risk Services, Inc.  
7690 W Jefferson Blvd, Suite 150  
Fort Wayne, IN 46804  
Customer Service: 800-566-7941  
[claims@americanspecialty.com](mailto:claims@americanspecialty.com)
3. If Injury was serious or fatal, immediately notify American Specialty at 800-561-7941. We provide 24/7 Emergency Claims Phone Coverage.

If you have questions, please contact Customer Service at 800-566-7941. Representatives are available from 8:00 a.m. to 5:00 p.m. (EST) Monday – Friday. The customer service line includes information for contacting a representative after-hours, if needed. You may also forward any documents by email to: [claims@americanspecialty.com](mailto:claims@americanspecialty.com).