USA BOXING MEDICAL CLAIM FILING INSTRUCTIONS

1. MAIL CLAIM FORMS, BILLS OR OTHER ITEMS TO USA BOXING.
2. Complete claim form in full. Use an additional sheet if necessary.
3. Attach current itemized physician, hospital or other providers' standard Insurance billing forms: HCFA from physician or UB 92 from Hospital. These forms must show the following:
   - Patient's Name
   - Type of Treatment
   - Charges
   - Condition/Diagnosis
   - Date Expense Incurred
4. Your coverage is an excess policy unless there is no other insurance in place. Attach your primary insurance carrier's Explanation of Benefits (EOB) showing payment or denial of each bill. "Primary Carrier" would include any and all other coverage that a participant may have including employer insurance (spouse, parent or guardian), Medicare, Medicaid, Armed Forces or other coverage.
5. To expedite proper processing, submit completed form along with the above documents to:

<u>USA BOXING (First Report)</u>
USA Boxing, Inc.
1 Olympic Plaza
Colorado Springs, CO 80909
Phone: (719) 866-2323 Fax: (719) 866-2132

<u>Future Bills should be sent to:</u>
NAHGA Claim Services
P.O. Box 189
Bridgton, ME 04009
Phone: (800) 952-4320 Fax: (207) 647-4569

Important Fraud Notice

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona: For your protection Arizona law requires the following statement to appear on the form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas or **Louisiana**: Any person who knowingly presents a false or fraudulent claim for 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.
California: For your protection California law requires the following to appear on the form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia: WARNING: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
Idaho: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
Indiana: A person who knowingly and with intent to defraud an insurer, files a statement of claim containing any false, incomplete or misleading information, commits a felony.
Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Maine, Tennessee or Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and a denial of insurance benefits.
Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA638.20.
New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
New Mexico: Any person who knowingly presents a false or fraudulent claim for 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 civil fines and criminal penalties.
New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation (Pursuant to 11NYC RR86).
Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.
Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
If you live in a state other than mentioned above, the following statement applies to you: Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete or misleading information or conceals any fact material thereto may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information materially related to a claim are provided by the claimant

.

_____ _____
Signature of injured person (or parent/guardian if minor) Date

USA BOXING
MEDICAL CLAIM FORM

Send this form to:
USA Boxing
1 Olympic Plaza
Colorado Springs, CO 80909

This form is to be completed whenever a medical claim results from an injury incurred at a USA Boxing sanctioned event or supervised practice.
PLEASE ANSWER ALL QUESTIONS. INDICATE "N/A" IF INFORMATION IS NOT APPLICABLE.

NAME: _____ DOB: _____ SSN: _____ SEX: ☐ M ☐ F
Last Name First Name

ADDRESS: _____
Street City State Zip

PHONE: _____ USAB MEMBER #: _____ OCCUPATION: _____

INJURY DATE & TIME OF INJURY: _____ INJURED PARTY WAS: ☐ PARTICIPANT ☐ OTHER

IF PARTICIPANT: ☐ USAB BOXER ☐ USAB COACH/OFFICIAL ☐ OTHER _____

_____ LBC OR CLUB REP: _____
NAME OF EVENT NAME / PHONE NUMBER

NATURE OF THE INJURY: _____

DESCRIBE WHERE YOU WERE AND WHAT YOU WERE DOING AT THE TIME OF INJURY

DESCRIBE HOW THE INJURY HAPPENED

DID THE INJURY OCCUR DURING: ☐ COMPETITION ☐ PRACTICE ☐ TRAVEL TO/FROM ☐ OTHER

NAME OF WITNESS: _____ PHONE #: _____

OTHER INSURANCE COVERAGE

IS THE INJURED PARTY COVERED UNDER ANY OTHER HEALTH AND/OR ACCIDENT INSURANCE PLANS? ☐ YES ☐ NO

NAME OF INSURANCE CO: _____ POLICY #: _____

IF INJURED PARTY IS A MINOR: _____ _____
PARENT/GUARDIAN NAME PHONE

IF INSURANCE IS THROUGH WORK:

EMPLOYER: _____ PHONE: _____

AUTHORIZATION TO RELEASE INFORMATION

I authorize my health care provider, insurance company, and/or employer to release my information regarding medical, dental, alcohol or drug abuse history treatment or benefits payable, including disability and employment-related information to NAHGA Claim Services, the Plan Administrator, or their employees and authorized agents for the purpose of validating and determining benefits payable. I understand that my authorized representative or I will receive a copy of this authorization upon request. This authorization or a photocopy of the original shall be valid for the duration of the claim.

NAME OF PATIENT: _____ _____
Print Signature (parent/guardian if minor)

Authorization to pay Provider: I authorize payment associated with this incident directly to the physicians or providers:

Signature: _____ Date: _____

I certify that the foregoing information is true and correct:

_____ Date: _____
Signature

Signature of USA Boxing National Office Staff Member: _____

The issuance of this blank form is not an admission of the existence of any insurance nor does it recognize the validity of any claim and is without prejudice to the Company's legal rights.