



## Youth Insurance Claims

Pullen Insurance has a new online accident medical claim reporting for accident dates on or after September 1, 2011. Below is an overview of the process.

1) Parent Initiates Claim Online – The parent will access the online claim form through a link on the LSA website - [www.playlouisianasoccer.org](http://www.playlouisianasoccer.org). The parent / legal guardian will input all pertinent information (i.e. claimant info, date of injury, location of injury, local league / club name, team name, primary insurance info) on our secured web page. Once they “click” to submit the claim information an email will be sent to both the parent and the state association acknowledging the receipt of the information. ***This document contains all the screens and information you will need to complete your online claim. Please read it and have your information on hand before you begin your claim.***

2) State Association Verifies Injury – The state will be notified of a pending claim needing approval or denial. A designated person with the state office will then log in to process medical claims. The state official will review the claims information submitted by the parent (pretty much all the information on the current paper claim form) and approve or deny the claim. The club will also be notified that their player has been injured.

Assuming the claim was approved, an email will be sent to the parent with the completed and approved claim form attached as a PDF document. The claim form does not need to be signed by the parents. All they will need to do is send the itemized medical provider bills and Explanation of Benefits from their primary insurance carrier (if applicable) to Chartis, the claims administrator, via email, fax, or US Mail. The claim form will include instructions on what to send to Chartis as well as all of their contact information. A copy of the claim form will simultaneously be emailed to Chartis at the same time it is emailed to the parents to allow prompt set-up of the claim.

If a claim is denied by the state, the state will have the opportunity to indicate why the form was denied. This information will be included in the email that will be sent to the parent notifying them of the denied claim submission. The email will include wording to contact the state association for further information.

If your accident date was before September 1, 2011, DO NOT PROCEED WITH THE ONLINE SUBMISSION OF THE CLAIM FORM, instead you must use the [paper claim form](#).

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### US Youth Soccer – Accident Medical Claim Form Page

The accident medical claim form for each state soccer association is below. Coverage provided by the accident medical policy is extended to all registered team members, coaches, managers, referees, officials, and volunteers while participating in a sanctioned and supervised activity of the state soccer association.

**Latest News**

Charlita launches aHead of the Game to bring awareness to the prevention and treatment of concussions.  
[Click here to learn more.](#)

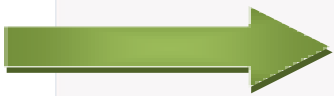
Pullen Insurance now offers Cyber Liability products for sports organizations.  
[Click here to learn more.](#)

Current customers of Pullen Insurance can request a certificate of insurance online.  
[Click here for request.](#)

Find Pullen Insurance on Facebook:

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**CHOOSE LOUISIANA SOCCER**



**Use this online form to communicate directly with PULLEN about claims procedures or to request the status of a submitted accident medical claim.**

Please contact Pullen Insurance Services regarding any questions regarding the claims procedures or to request the status of a submitted accident medical claim.

Your Name: \*

Phone Number:

Email Address: \*

First Name of Injured Person:

Last Name of Injured Person:

State Soccer Association: \*


Date of Injury:


Questions or Comments: \*

The online claim form is for accident dates on or after SEPTEMBER 1, 2011.

Claims prior to this date must be filed on the [paper claim form](#).

Please click the link above to access the pdf for the paper claim form.

 **PULLEN**  
Insurance Services

 We're here to help!  
[Contact us Online](#)  
or call 866-738-6100

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### Youth Soccer Accident Medical Claims Process Overview

The accident medical policy provided by your state soccer association is an excess / secondary policy. If you have other valid and collectable primary insurance, all charges must first be submitted to your primary insurance carrier.

The online claims submission program is for accident dates on or after September 1, 2011. If your accident date was before this date, **DO NOT PROCEED WITH THE ONLINE SUBMISSION OF THE CLAIM**; instead, you must use the paper claim form found [here](#).

#### Online Claims Submission Process

- 1) The claimant (injured person) or parent / legal guardian (if claimant is under the age of 18) should complete the online claim form on this website. A confirmation email will be sent to you upon completion.
- 2) The claims information will be sent to your state soccer association for approval or denial. Once approved, you will receive an email with the claim form as a PDF attachment. You will need to send the claim form to the claims payor, Chartis, with the itemized medical provider bills and explanation of benefits (EOB) from your primary carrier (if applicable). If your claim was denied by the state soccer association, you will receive an email indicating the reason for the denial.
- 3) Additional bills and EOBs can be submitted at a later date (after the initial submission of your claim) to Chartis. Your claim form will have their contact information on it.

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## Youth Soccer Accident Medical Claim Form

Attention: This claim form should only be completed by the claimant (injured person) or parent / legal guardian (if claimant is under the age of 18). No other person(s) are authorized to initiate a claim form.

Fraud Warning: 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 is provided by the claimant.

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Type the two words:



\*\*\*By logging into this system you certify that you are the claimant or the claimant's parent / legal guardian (if claimant is under the age of 18) and you have read the above fraud warning\*\*\*

Continue

## Youth Soccer Accident Medical Claim Form

### Section 1 - Injured Person's Information

\*First Name:

Middle Name:

\*Last Name:

\*Street Address:

\*City:

\*State:

\*Zip:

\*Phone:

\*Birth Date:

\*Gender:

\*Injured is a:

If Other:

## Youth Soccer Accident Medical Claim Form

### Section II - Organization Information

Player's ID #:

\*Name of Local Association or League:

Club Name, if applicable:

\*Team Name:

### Section III - Event Details


\*Name of field/facility where injury occurred:

\*City where field/facility is located:

\*Event Type:

If Other, please specify:

If Tournament, please specify name:

\*Date of Injury:  

\*Description of injury:

## Youth Soccer Accident Medical Claim Form

### Section IV - Parent / Guardian / Claimant Information

Please complete the below contact information for each parent / guardian of the minor claimant. Failure to answer the below questions or not providing all of the requested information may result in a delay in processing your claim.

#### Parent / Guardian

\*Relationship to Claimant:

First Name:

Last Name:

Street Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Cell Phone:

\*Email Address:

\*Confirm Email Address:

Name of Employer:

#### Parent / Guardian

\*Relationship to Claimant:

First Name:

Last Name:

Street Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Cell Phone:

\*Email Address:

\*Confirm Email Address:

Name of Employer:

#### \*Is the claimant covered under ANY other insurance policy?

\*Yes/No:

Insurance Company Name:

Insured Name:

Insured ID #:

Insured Group # or Name:

Street Address:

City:

State:

Zip:

Phone:

If your son or daughter has medical insurance coverage as an eligible dependent from a previous marriage as mandated in a divorce decree, please give name, address and phone number of responsible party.

First Name:

Last Name:

Street Address:

City:

State:

Zip:

Phone:

## Youth Soccer Accident Medical Claim Form

### Section V – Statement of Certification / Authorization to Release Information

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 is provided by the claimant.

I hereby authorize any physician, hospital, or other medically related facility, insurance company, or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, to disclose, whenever requested to do so by National Union Fire Insurance Company or its representative, any and all such information. A photocopy or electronic copy of this authorization shall be considered as effective and valid as the original.

By typing your name below you hereby certify the information on this claim form is true and correct to the best of your knowledge and you agree to the above Statement of Certification & Authorization to Release Information.

\*Name:

\*Date:

\*Relationship to Claimant:

**Only the claimant's (injured person's) parent or legal guardian should complete this online claim form.**



[< Previous Page](#)

[Submit Report](#)

## Youth Soccer Accident Medical Claim Form

An accident medical claim form has been submitted via the Pullen Insurance Services website. You will be notified via a separate email once your submission is reviewed by the state soccer association. Once the claim is approved by the state soccer association, an email will be sent to you and it will include the completed claim form as well as further instructions on how to proceed with filing a claim.