



Athletic Injury Claim Form

Mail or fax this form to:
Wellfleet Group, LLC
PO Box 15369
Springfield, MA 01115-5369
Fax #: 413-733-4612
Telephone #: 1-877-657-5039
Email: Customerservice@wellfleetinsurance.com

School Name: _____ Policy#: _____

Students Name	Social Security Number	Date of Birth Male <input type="checkbox"/> Female <input type="checkbox"/>
Mailing Address where Insurance Info/Request should be mailed		City, State, Zip
Please indicate a phone number where you can be reached: () _____		

Is Student covered by any other Insurance policy (other than the school policy)? Yes No

If Yes, please list name of insurance carrier:

Name: _____ Policy Number: _____

NOTE: If other insurance exists, all claims must be submitted to the other insurance policy first

This section needs to be completed by the claimant or by parent if claimant is a minor.

Date of Injury: _____ Time: _____ Name of Sport Played: _____

Where did the injury occur: _____

How did the injury occur (provide a description): _____

Part of the body Injured: _____ Date of first Treatment: _____

Were you injured during the practice or play of an intercollegiate sport? Yes No

Were you injured during the practice or play of a club sport? Yes No

Were you involved in an activity sponsored and supervised by the school at the time of injury? Yes No

Signature Required of Supervisor, Official, Athletic Director and/or Athletic Trainer:

Signature: _____ Title: _____ Date: _____

Have you ever sought treatment for this injury in the past? Yes No

If yes, please indicate the name & address of treating physician/facility: _____

Claim Instructions

Covered expenses will only be paid if they are in excess of other valid and collectible insurance. **You must submit the claim to your primary insurance carrier and submit to us an explanation of benefits along with the itemized bills including dates of service, diagnosis and charges before we can calculate payment.**

Treatment must commence within 90 days from the date of injury.

Claim forms should be completed & submitted within 20 days from date of injury or as soon as reasonably possible.

I hereby authorize any insurance company, hospital, physician, or healthcare provider to release medical history, treatments, itemized bills or benefits payable pertaining to this claim to Wellfleet Group, LLC, its payor, for which it is an authorized administrator. Dental claims may be required to provide proof of condition of teeth prior to accident. A photostatic copy of this form shall be just as valid as the original. **I authorize Wellfleet Group, LLC, on behalf of its insurer, to pay all bills in conjunction with this claim directly to the physician, hospital or other health care provider rendering service.**

I certify I have read all answers to this form, and to the best of my knowledge the information I have given is complete and true. **Any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.**

Signature of claimant or legal guardian (please indicate) _____

Date _____

IMPORTANT NOTICE

Notice to Alaska Claimants: 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.

Notice to Arizona Claimants: For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Notice to Arkansas Claimants: 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.

Notice to California Claimants: For your protection, California law requires the following to appear on this 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.

Notice to Colorado Claimants: 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.

Notice to Delaware Claimants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement or claim containing any false, incomplete, or misleading information is guilty of a felony.

Notice to District of Columbia Claimants:
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.

Notice to Florida Claimants: 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.

Notice to Idaho Claimants: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information, is guilty of a felony.

Notice to Indiana Claimants: 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.

Notice to Kentucky Claimants: 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.

Notice to Maine Claimants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

IMPORTANT NOTICE

Notice to Minnesota Claimants: A person who submits an application or files a claim with intent to defraud or helps commits a fraud against an insurer is guilty of a crime.

Notice to New Hampshire Claimants: 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 RSA 638:20.

Notice to New Jersey Claimants: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Notice to New Mexico Claimants: 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.

Notice to New York Claimants: 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.

Notice to Ohio Claimants: Any person who, with the 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.

Notice to Oklahoma Claimants: 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.

Notice to Oregon Claimants: Any person who, knowingly and with intent to defraud an insurance company or other person, submits an application or files a claim for insurance that contains any materially false information relating to an insurance company's acceptance of risk, or conceals for the purpose of misleading, information concerning any fact material to an insurance company's acceptance of risk, may be guilty of a fraudulent act, which is a crime.

Notice to Pennsylvania Claimants: 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.

Notice to Virginia Claimants: 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.

Notice to Claimants in all other states: Any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.