

***Preliminary Accident Report Form printed on reverse side**

Accident and Sickness Insurance

All registered members and leaders in the Chester County Council, BSA are covered under an accident and sickness umbrella policy.

Keep this nearby for use if you use medical services during a Scouting activity. To eliminate confusion about accident and sickness insurance, we offer the following to help effectively process claims.

ACE, American Insurance Co., HSR, Health Special Risk, Inc. umbrella policy is the insurance for which all Scouts and Scouters are assessed \$3.00 per year at rechartering time.

If you have an incident where it becomes necessary to seek medical services, the procedure you should follow is quite simple and will help to speed up processing of claims to hospitals and doctors.

For incidents occurring during an official scouting activity, the following procedure should be followed:

- ❑ Fill out the accident report fully and where possible have health service provider fill out the bottom portion and sign, then submit to your Scoutmaster and Chester County Council, 504 S. Concord Rd. West Chester PA 19382.
- ❑ **Initial billing should be sent to: your insurance company as the primary holder**
- ❑ Give the health service provider the name of our insurer carrier as the secondary holder and policy number: PTPN00327402 HSR 6/1 – 6/1, Current year.

If you take the accident report to the hospital with you have them make a copy for their records and you send the original into the Council.

Following the procedure will set in motion the following:

Provide the Health Service Provider with your Insurance Co. as Primary Holder

- ❑ Health Special Risk, Inc., through Chester County Council BSA, as the Secondary Insurance carrier
- ❑ **Coverage includes:**
- ❑ **Accident Medical Benefits \$15,000**
- ❑ **Dental Injury Benefits \$5,000**
- ❑ **Ambulance Service Benefits \$6,000**
- ❑ **Specified Injury Benefit \$35,000**
- ❑ **Sickness medical benefit \$7,500**
- ❑ **Non-duplication Amount \$300.00**

Leaders fill out Claim Form, send original to HSR and copy to Chester County Council.

If you have any questions on coverage or procedures, talk to David Nickerson at the Council Service Center: (610) 696-2900, Ext.13, or david.nickerson@scouting.org

Chester County Council
504 South Concord Road
West Chester, PA 19382

Health Special Risk, Inc. Secondary Policy Holder

Boy Scouts of America
(610) 696-2900

PRELIMINARY ACCIDENT REPORT

Name	Age	Telephone Number
Address/City/State/Zip		

If a minor, Name of Parent _____ . Was parent notified? () Yes () No

Unit No. _____ District _____ Council _____

Date and Time Injury occurred: Date _____ Time: _____ AM _____ PM _____

Camp Horseshoe _____ Camp Ware _____ Other _____

If accident... Where and how did it happen? What was individual doing? Using tool? Mechanical defect? Unsafe act?

Describe Nature of Injury or Illness:

Person in Charge of activity at time of accident _____

Was FIRST AID Treatment Given _____ Yes _____ No

If Yes... Name of Person _____ Unit Position _____

Attending Physician's Name _____ Telephone Number _____

Taken To: _____ Physician's Office

_____ Hospital _____ Hospital Name _____

Office / Hospital Address _____

Was the injured Person taken home or returned to camp? _____

FOR SUMMER STAFF ONLY

Social Security Number	Under 18-Permit Number	Circle One -- Counselor or CIT	
Occupation for which issued	Occupation	Department	
Date of Birth	Circle One - Male or Female	Married Yes / No	No. Children Under 18

Unit Leader's Signature _____

Date _____

Report Prepared by: _____

HOW TO SUBMIT A CLAIM

Listed below are important instructions and comments about filing a claim.

YOUR CLAIM FORM

1. This claim form should be fully complete and submitted within 90 days from the date of injury. Be sure to answer and complete the section regarding “**OTHER INSURANCE STATEMENT**”, marking either yes or no and signing the line for authorization so that **HSR** and the doctors/hospitals may communicate concerning your claim.
Incomplete claim forms are one of the most frequent reasons why claim payments are delayed.
2. The claim form must be signed by a policyholder representative (i.e. council, leader).
3. Only one claim form for each accident needs to be submitted.
4. Once completed, make a photocopy for your records and mail to the address shown below.
5. **DO NOT** assume that anyone else will mail this claim form to **HSR** for you.

YOUR BILLS

1. Please advise all doctors/hospitals regarding this coverage so they may forward their itemized bills to us.
2. If you have already been to the doctor/hospital and did not know about this coverage, please send all of the itemized bills you receive 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 and the specific itemized charges incurred.
4. If this information is not on the bill when you send it to us, we will have to contact the doctor/hospital which will delay the review of your claim. “Balance Due” statements do not contain sufficient information to complete your claim. Mailing **HSR** “Balance Due” statements will only delay the processing of your claim.

EXCESS INSURANCE

The policy is excess to any other available source of medical benefits if the charges are greater than \$300.00. This means that you must file your bills through your primary, or personal, insurance carrier prior to this policy responding. **If the total charges are less than \$300.00, we will pay without the other insurance coordination.** When your primary insurance company processes the charges, they will send you an Explanation of Benefits, or “EOB”. You must forward a copy of the Explanation of Benefits for EACH CHARGE.

If you have any questions, please contact Customer Service from 8:00 AM thru 5:00 PM, Monday – Friday at (866) 726-8870 or via e-mail at boyscouts@hsri.com. You may also forward any documents by fax to (972) 512-5820.

Health Special Risk, Inc.
4100 Medical Parkway
Carrollton, TX 75007

