

**TRAVEL MEDICAL CLAIM FORM
FOR ROLLER SPORTS CANADA MEMBERS & REGISTRANTS**

Full name of Insured Person (member) _____

RSC # _____

Date of Birth (mm/dd/yyyy) _____ Male / Female _____

Mailing Address including City and Postal Code _____

Contact Person if claimant is a minor (parent or guardian) _____

Home Phone _____ Daytime Phone Number: _____

Email address _____

Date of Accident _____

Location of Accident _____

Describe in detail how the accident occurred _____

Type of Injury _____

Name of Doctor/Dentist _____

Address of Doctor/Dentist _____

Do you have other benefits provided under any other insurance plan? _____

If yes, please provide name of Insurer and policy number (certificate) _____

I hereby certify that all information provided in this accident form is correct.

Claimant/Guardian signature _____ Date _____

Certificate of Team Manager / Association or Club Executive:

Name of Team/Club/League/Association _____

Policy Number **TR1001-00420** Was the player a member at the time of the accident? _____

Was the injury during a sanctioned game or practice? _____

Name _____ Position _____

Signature _____ Phone number _____

Date _____



PHYSICIAN'S STATEMENT

Please complete this form and return to patient. Patient's accident claim cannot be processed without the completed Physician Statement.

Name of Patient _____

Date of Birth (mm/dd/yyyy) _____ Male / Female _____

Mailing Address including City and Postal Code _____

Date of first visit _____

Complete description of the injury and your diagnosis

If hospital was required, give name of facility _____

Date admitted _____ Discharge date _____

Name of referring physician, if any _____

Physician Name _____

Signature _____

Address _____

Date _____

ACCIDENT CLAIM FORM INSTRUCTIONS

- ⇒ GameDay Insurance must receive notification of your accident within 30 days of it occurring and receive your claim form within 90 days of the accident.
- ⇒ Complete attached Travel Medical Claim Form and Physician Statement. If your claim is for dental injury have your dentist complete and submit a Predetermination Form.
- ⇒ Claim Forms to be submitted to:

- **Roller Sports Canada**

Adam Leavens, Director of Risk Management

Email: rscadam@gmail.com

- ⇒ If you intend to make a claim but have not had out of pocket expenses to date, complete and submit claim form indicating that receipts are to follow.
- ⇒ If you have questions regarding submission of forms please contact **Adam Leavens, Roller Sports Canada, P. 587.434.5945.**