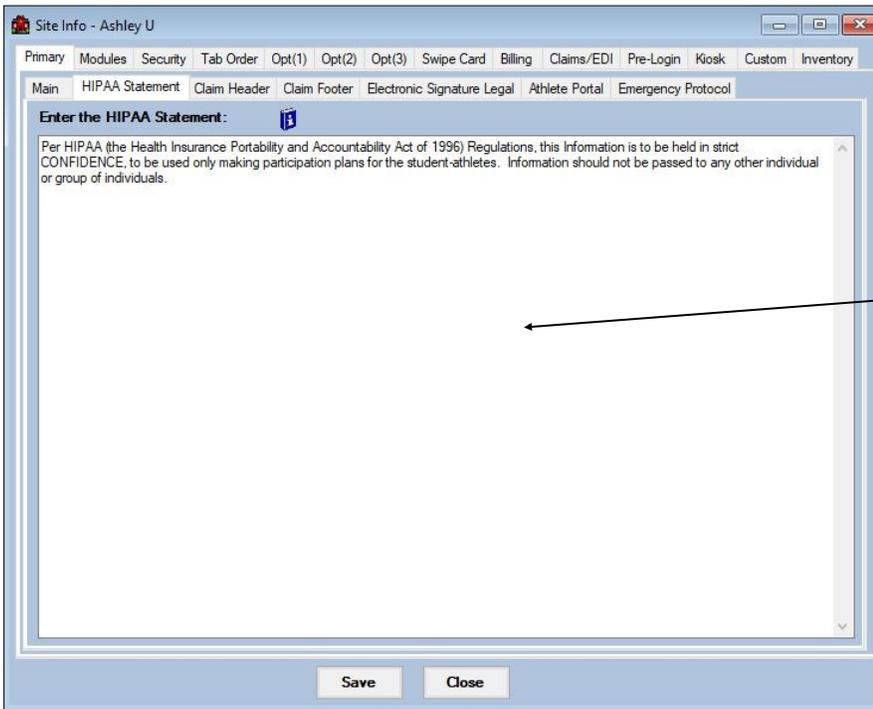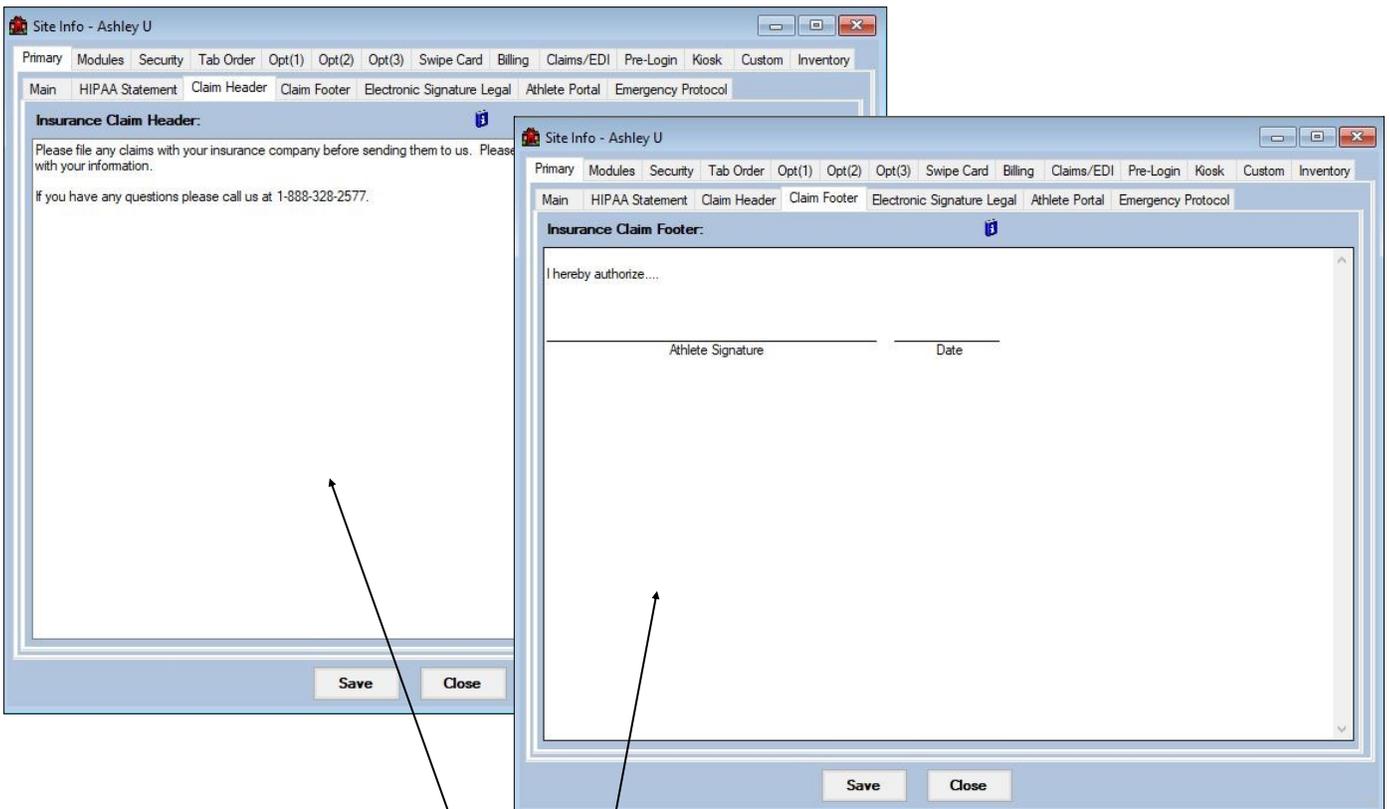**You are able to generate a generic insurance claim for injuries. This document describes some of the options for this process.**

Under the \Admin\Site Info screen; on the "HIPPA Statement" tab under the "Primary" tab… you are able to enter the information you want to use for the report footer. This same information will also be used on other reports.

As shown above, the claim header & footer information is entered under the \Admin\Site Info screen as well. The results of these entries can be seen on the example shown on page 4 of this document.

Additional information and/or a template of additional information may be added using the note area on the injury screen.

To generate the claim report; click on the "Claim" button on the injury screen, or you may print an individual claim using the option under the \Reports\Injury Reports menu.

Note

Full-size example on next page

This page details where the various part of the claim information comes from...

KDS Sports
EAGLES
24 Village Park Drive
Grove City, PA 16127

General Injury Claim Form
Print Date: 11/30/2011

Please file any claims with your insurance company before sending them to us. Please include an documentation relating to the claim along with your information.

If you have any questions please call us at 1-888-328-2577.

→ **Claim Header on the Site Info Screen**

INJURY INFORMATION

Athlete's Name	Anderson, Charlotte
Date of Birth	03/01/1994
Type of Injury:	bee sting Cartilage Injury Concussion
Body Part:	Ankle
Circumstance:	Practice - Natural Grass
	Hit another player after diving...

Sport ABC Women Soccer
SSN 111-22-2333
Injury Date: 09/27/2011

→ **Injury "when", "surface" and "description**

1st Medical Treatment: x-ray or whatever

Was the athlete/student involved in an activity sponsored and supervised by the school at the time of injury? Yes

Under whose supervision? Joe Smith

Was he/she a witness? No

→ **Injury "Note" area**

Parent or Guardian	Phone	Cell	Work	Email	Relationship
Tom Anderson	(123) 412-3412	(123) 444-4444	(234) 333-3333	tom@kefferdevelopment.com	Dad
Sharon Anderson	(123) 333-2222	(222) 333-4444	(234) 223-4234		Mom
Joe Anderson	123-123-1234				Brother
Fred Anderson					Brother

→ **Athlete emergency contacts**

School Address	Home Address
166 Park Drive	other address
Grove City PA 16127	Grove City PA 16127

→ **Athlete address information**

INSURANCE INFORMATION

Primary All-n-One Insurance
101 Main Street
Muddville PA 11111
Contact Joe All
Phone 111-222-3333
Group/Policy Number 101-33
Policy Holder Patrick Candle
24 Village Park Dr.
Grove City PA 16127-222333
Employer Keffer Development Services

Email joe@muddstuff.com
Fax
ID# 33343434
DOB 12/31/2010   SS# 999-99-9999
Phone 999-999-9999

Secondary Cigna

Contact
Phone
Group/Policy Number
Policy Holder Frank N Stein
24 Village Park Drive
Grove City PA 16127
Employer County Market

Email
Fax
ID#
DOB 11/16/1972   SS# 123-43-1111
Phone

→ **Athlete insurance information**

I hereby authorize....

_____   _____
Signature of Athlete   Date

→ **Claim Footer on the Site Info Screen**

_____   _____   _____
Signature of Supervisor   Title   Date

General_Injury_Submit.rpt
11/30/2011

Per HIPAA (the Federal Health Information Privacy and Accountability Act) Regulations, this information is to be held in strict CONFIDENCE, to be used only making participation plans for the student-athletes. Information should not be passed to any other individual or group of individuals.

→ **Report Footer on the Site Info Screen**

Be sure to check off allowed to submit/print claims for each user that will be doing so.