

Sports-Related Accident Report Form



BlueCross BlueShield
of Texas

Instructions: Please fax this form to Blue Cross and Blue Shield of Texas (BCBSTX) customer service at **325-224-2033** or email to **sastudenthealthurgents@bcbstx.com**.

SCHOOL NAME: _____

STUDENT ATHLETE NAME: _____

STUDENT PHONE: () _____

HOME ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____

ATHLETIC DIRECTOR/TRAINER NAME: _____

PHONE: () _____

ATHLETIC DIRECTOR/TRAINER EMAIL: _____

To be completed by student athlete:

1. Was the injury for which you received services and are filing a claim the result of participating in a university-supervised sports-related activity for the University? Yes No
If no, the BCBSTX sports policy does not provide coverage for this injury.

2. Briefly describe the accident and include the exact location of the injury on the body.

3. When did the accident occur? Date: / / Approximate time: AM PM
Injury occurred during a university-supervised: Competition Practice Weight Training Conditioning

4. Do you have other medical coverage? Yes No
If yes, attach a copy of the insurance information.

I understand that coverage for an approved sports injury is for 2 years from the date of the injury.

STUDENT ATHLETE SIGNATURE: _____ **DATE:** _____