

# 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:** \_\_\_\_\_