BlueCross BlueShield of Texas

Sports-Related Accident Report Form

INSTRUCTIONS

If you experience a sports-related injury, you and your Athletic Director should complete and email this form to Blue Cross and Blue Shield of Texas at **SHP_Benefit_Inquiry@bcbstx.com**.

School Name		
Student Athlete Name	Student Phone	
Social Security or Blue Cross and Blue Shield Sports Policy Subscriber ID Number		Date of Birth (mm/dd/yyyy)
Athletic Director/Trainer Name	Athletic Director/Trainer Phone	
Athletic Director/Trainer Email		

TO BE COMPLETED BY THE STUDENT ATHLETE AND ATHLETIC DIRECTOR/TRAINER

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 sports policy from BCBSTX does not provide coverage for this injury.

2. Briefly describe the events leading up to the injury, how the injury occurred and exact location of the injury on the body.

3. When did the accident occur? Date (mm/dd/yyyy): _____ Approximate Time: _____ ☐ AM ☐ PM

Injury occurred during a university-supervised:
☐ Competition ☐ Practice ☐ Weight Training ☐ Conditioning ☐ Other _____

4. Do you have other medical coverage? ☐ Yes ☐ No

If yes, attach a copy of the insurance information.

SIGNATURES

Student Athlete Signature	Student Athlete Printed Name	Date
Athletic Director/Trainer Signature	Athletic Director/Trainer Printed Name and Title	Date