



# CLAIMS FILING INSTRUCTIONS FOR USASA ACCIDENT POLICIES



**Note: This coverage is EXCESS of other insurance. Please be sure to submit other insurance information (if available) when requested.**

1. You have been provided with a claim form that is designed specifically for USASA. Please use only this form. Do not delay submitting this form as a claim form must be received by K&K Insurance, with or without medical bills, within 15 months from the date of the accident or your claim may be denied for untimely filing.
2. Treatment must be initiated and covered expenses incurred within 90 days from the date of the accident. Evidence of this, medical bills or medical records, must accompany the claim to satisfy this provision of the policy.
3. Part A must be fully completed and signed by the participant or his/her legal guardian. The claim form must be approved and verified by the League and State Association Verification Officers and then sent to the National Office.
4. Submit itemized insurance billing forms. \*These forms are available from your health care provider and include the patient's name, condition (diagnosis), type of treatment and date the expenses(s) was/were incurred. "Balance due" statements are not acceptable.
5. If you are covered under other insurance (i.e. employers group plan), give the medical providers involved in your care the other insurance (i.e. employers group plan) as your primary payer and the K&K (USASA) insurance information as the secondary payer. If this is done, the medical provider will automatically bill K&K Insurance with the proper itemized bills and provide your Explanation of Benefits (EOB) form. If you were unable to give the medical providers this information before you are balanced billed, K&K will need copies of all itemized bills that show dates of service, diagnosis codes, procedure codes and your primary payer Explanation of Benefits (EOB) forms. If medical providers have the information from both insurance plans your claim will be processed in a more efficient manner.
6. After signed by League and State Association Verification Officers,  
Email, fax or mail your COMPLETED CLAIM FORM TO:  
**United States Adult Soccer Association (USASA)**  
**Attn: National Office/Insurance Department**  
**7000 S. Harlem Avenue**  
**Bridgeview, IL 60455**  
Email: [insurance@usasa.com](mailto:insurance@usasa.com)  
Fax: 708-496-6879
7. USASA National Office will forward the completed claim form to K&K Insurance Group, Inc./Specialty Benefits. You, your State Verification Officer and USASA National Office will receive a claims acknowledgement letter.
8. AFTER you receive your Acknowledgement Letter, you may contact K&K Insurance Group, Inc./Specialty Benefits at 800-237-2917 Option 1.