



## **Incident Report & Accident Medical Insurance Claim Form**

*(NOTE: Report and Claim Form will be returned if not fully completed and signed.)*

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### **Basic Procedures for Submitting the Incident Report & Accident Medical Insurance Claim Form**

- 1.** An SCCA Official will complete the Incident Report. If the injured or potentially injured party was an event participant, the Accident Medical Insurance Claim Form should be given to the participant or parents.
- 2.** The participant or participant's parents/guardian will complete the Accident Medical Insurance Claim Form, and forward it to K&K Insurance Group, Inc.
- 3.** IF CLAIM INVOLVES INJURY TO A SPECTATOR OR PROPERTY DAMAGE, ONLY THE INCIDENT REPORT NEED BE COMPLETED.

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### **To the Participant/Parent/Guardian:**

IF THE MEDICAL BENEFIT IS EXCESS, YOUR CLAIM SHOULD BE SUBMITTED TO THE INSURANCE COMPANY PROVIDING COVERAGE TO YOU THROUGH YOUR OWN OR PARENT'S PERSONAL HEALTH PLAN, YOUR EMPLOYER OR GOVERNMENTAL HEALTH PLAN. AFTER OTHER INSURANCE BENEFITS HAVE BEEN SUBMITTED, YOU SHOULD FORWARD A COPY OF THE OTHER INSURANCE COMPANY'S EXPLANATION OF BENEFITS AND THE CORRESPONDING ITEMIZED MEDICAL STATEMENTS. IF YOUR INSURANCE COMPANY DENIES BENEFITS, SEND A COPY OF THEIR DENIAL.

**MAIL TO:**

**K&K INSURANCE GROUP, INC.**

Claims Department

P.O. Box 2338

Fort Wayne, Indiana 46801-2338

(800) 237-2917