Student & Athlete Insurance Network Accident Claim Verification Form

Claim control no. for Anthem Blue Cross use only

Providers mail with bills to:
Student Health Claims Dept.
Attn: Claims Manager
21215 Burbank Blvd.
Woodland Hills, CA 91367
Reference S.A.I.N. Program when calling toll free: 1-866-811-7946
For priority issues please fax to: 1-855-396-8418

Anthem

This policy is secondary coverage to all other policies, except as required by state or federal law.

To be completed by student or athlete

Student last name	First name	M.I.	Birthdate (MMDDYY)

Street address	City	State	ZIP code

Phone no.	Email address

1. Give full description of injury from which you are now suffering. Tell when, where, and how it happened.

2. Give exact date and time when injury occurred.
Date: ____ (MMDDYY) Time: _____ ☐ a.m. ☐ p.m.

3. When did you first consult a physician for this condition?
Date: ____ (MMDDYY)

4. Do you have other insurance? ☐ Yes ☐ No If yes, complete the following.
Other insurance coverage is through: ☐ Parent ☐ Self ☐ Spouse
Type of coverage: ☐ Individual ☐ Through employer
Type of plan: ☐ HMO ☐ Other: _____
Group/policy no.: _____
Policyholder name: _____
Employer name (if applicable): _____
Insurance company name: _____
Insurance company address: _____

5. Are you an international student?
☐ Yes ☐ No

Sign your full name X	Date (MMDDYY)

On-Campus accidents — To be completed by college official

College name	Group/policy no.	Time classes/activity began on date of injury: Time: _____ ☐ a.m. ☐ p.m.

Did accident occur (check yes or no)	Yes	No		Yes	No
a. While claimant was supervised?	☐	☐	e. During intercollegiate practice?	☐	☐
b. During sponsored activity?	☐	☐	f. During intercollegiate competition?	☐	☐
c. During programmed hours?	☐	☐	g. While traveling to or from a regularly scheduled activity in a supervised group?	☐	☐
d. On school premises?	☐	☐			

I hereby certify that the statements made above are correct to the best of my knowledge and belief and that the above named claimant was insured hereunder at the time of the accident;

College official signature X	Printed name	Title	Date (MMDDYY)

Intercollegiate athletic accidents — To be completed by athletic official

Intercollegiate sport name	Position played	Did injury occur during non-traditional sports session? ☐ Yes ☐ No	☐ Practice ☐ Competition

I hereby certify that the above injury was sustained while participating in official activities under adequate organizational supervision on: → Date (MMDDYY)

Athletic official signature X	Printed name	Title	Date (MMDDYY)

Athletic and on campus accidents – To be completed by college official

Name of class or P.E.: _____

Authorization to pay benefits to provider

I authorize payment of medical payments to physician or supplier for services described for the attached statements:

Student/athlete signature X	Date (MMDDYY)

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