STATE COUNCIL OF ILLINOIS SQUARE DANCE ASSOCIATIONS

Accident Report Form

Please type or print neatly

Note: One must submit medical claims to their own health insurance carrier first and then, if necessary, complete this form to file a claim for any remaining unpaid expenses.

Indicate your Association/Federation:

Illinois Federation MCASD PASDA Quad Cities

B 'N' B RRADA NISDA Southwestern

Association/Federation contact

Name _____ Phone # _____

_____ _____ _____ _____

Street *City* *State* *Zip Code*

Injured Person's name _____ Phone _____

Street _____

City _____ State _____ Zip Code _____

Injured Person's Home Club _____

Name and address of claimant's primary insurance carrier

Name _____

Address _____

Phone # (___) ___-_____ *Policy #* _____

ACCIDENT INFORMATION:

Club or Other Place where accident occurred: _____

Location: _____

DATE: _____

TIME: _____ Before Dance _____ During Dance _____ After Dance _____

Describe in full what occurred with this accident. If necessary use other side of this form.

Medical Attention:

Medical Facility or Hospital Name: _____ Phone # _____

Doctors Name _____ Phone # _____

Address _____

Send two (2) copies of report to the SCISDA Insurance Coordinator: Bill Neurauter

Enclose copies of any and all bills.

1604 S. Meyers Road

Lombard, IL 60148

(630) 495-1182

Email: willy2806-scisda@yahoo.com

_____

Signature of person completing report

Rev. 08/01/2010