



BC HOCKEY ACTION BULLETIN

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TO: BC Hockey Membership

FROM: Barry Petrachenko
Executive Director

SUBJECT: Participant Injury Reports

Further to changes made to the BC Hockey Mutual Aid By-Law at the 2004 AGM, the following procedures should be noted and reviewed with the appropriate person's in your association.

1. All Claims must be submitted to the BC Hockey Office within 90 Days of Injury on a **Hockey Canada Injury Report Form**.
2. Please note bills and/or receipts can follow the original claim later – payment on the claim may be affected if the claim is received after the 90-day period. From the date of injury.
3. Coverage is not in effect for services or treatments that are insured services. (BC Medical Services Plan, Extended Benefits. Etc. and Dental Plans Etc.).
4. If the family does not have Extended Benefits coverage or other insurance then coverage is in place for such things as ambulance service, prescriptions, crutches, knee braces, collars, balance of physiotherapy treatments after BC Medical have paid their maximum.
5. When submitting Dental Claims, it must be determined if the family has a Dental Plan and what percentage it will pay. That must be established before the claim can be processed.
6. Regardless of the seriousness of Injury, an Injury Report Form must be submitted. This applies to all situations, including those where no corresponding monetary claim will be submitted.
7. Please note that the form can also be downloaded from www.bcaha.org
8. Please keep copies of all documentation you are forwarding to the BCAHA.
9. Forms **MUST** be completed in full with the following information. Incomplete forms will be denied and sent back to the Association, which will cause delays in the payment of the claim.



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- Name and address including postal code and telephone number
 - Date-of-birth
 - Date of injury
 - Check type of injury and nature of condition
 - Name of Association\Female Team
 - Description of accident by Association Official
 - Signature of witness – association official
 - Signature of parent/Guardian (if under 18 years of age)
10. Please provide additional physician's and/or dentist's statement and/or letter to this form if more space is required, or more details of the injury need to be provided.
11. All bills and/or receipts attached or following the original claim must be itemized, so please check bills and receipts carefully before sending them to the BC Hockey office.

If you have any questions or require assistance completing this form, please contact the BC Hockey office.