

**STATE ATHLETIC COMMISSION OF NEVADA  
REQUEST FOR AMBULANCE AND/OR RINGSIDE PHYSICIAN  
SERVICES REIMBURSEMENT (NRS 467.108)**

Date Claim Filed (Submission Deadline 30 days from Event): \_\_\_\_\_  
 Club/Promoter Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**EVENT INFORMATION**

Event Name: (attach bout sheet) \_\_\_\_\_  
 Event Date(s): \_\_\_\_\_  
 Event Location: \_\_\_\_\_  
 Services Provided By: (Ambulance) \_\_\_\_\_  
 Services Provided By: (Physician) \_\_\_\_\_

AMBULANCE SERVICES PROVIDED			SUBTOTALS:	
Date	Hours	Level of Service	Amount	Approved
RINGSIDE PHYSICIAN SERVICES PROVIDED			PHYSICIAN SUBTOTAL:	
			GRAND TOTAL:	

**RINGSIDE PHYSICIAN**

I Dr. \_\_\_\_\_, confirm I have been paid in full.  
 (Print Name)  
**PHYSICIAN SIGNATURE:** \_\_\_\_\_

**Promoter must attach proof of the following:**     Sanctioned Event     Event Insurance     Paid Invoice(s)  
 Physician USA Boxing Membership card or NSAC License #

**I declare under penalty of perjury that the forgoing is true and correct.**

Grant Request verified and submitted by: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Submit all required documents and original form to (No staples please) :**  
 3300 W. Sahara Avenue, # 450, Las Vegas, Nevada 89102  
 Telephone: (702) 486-2575 Fax: (702) 486-2577

**To be completed by NSAC Staff Only**

NSAC Staff Verification Requirements Met:     Yes     No

Request for Reimbursement (NRS 467.108) Revised 06/02/2023