



GADSDEN STATE COMMUNITY COLLEGE ATHLETIC INSURANCE POLICY

TO: Athletes, Parents and/or Guardians

FROM: Hanna Yates, Head Athletic Trainer

SUBJECT: POLICY REGARDING ATHLETIC INSURANCE COMPANY

The purpose of this memo is to explain Gadsden State Community College's policy regarding athletic insurance coverage for injuries sustained while participating in the College's intercollegiate sports program.

Please read this statement of policy carefully and note that the attached form must be completed and signed by the athlete's parent/guardian and themselves. No athlete will be permitted to practice or participate in the athletic program until the form is completed, signed and returned to the athletic department.

Please note that Gadsden State Community College athletes will be expected to report all injuries to their coaches and/or trainers. Athletes / parents should submit injury claims to their own insurance company. If additional information is requested, please submit as soon as possible. Failure to provide information will delay the processing of claim by the College / Insurance Company.

We hope that the above explanation will help you to understand the procedures of insurance coverage. We appreciate your cooperation and we want to assure you that our main concern is that your student-athlete is covered in case of any injury during athletic practice or competition. If you have any questions, please call the athletic department.

SECTION I – ELIGIBILITY FOR ATHLETIC PARTICIPATION

All students desiring to participate in intercollegiate athletics must be examined and approved by either the College physician or their own physician, before being permitted to work out with any intercollegiate team. The examination is effective for one year. However, the College physician may re-examine and change the athlete's eligibility status at any time. The athlete must present to the head coach of their team for participating prior to drawing equipment or working as a team candidate.

Student athletes who have sustained injuries to any of the following areas: the head, neck, shoulder, knee, internal organs, or recent (one year prior to becoming a team candidate) fractures, dislocations or severe sprains are required to report these injuries to the athletic trainer or college physician. Student athletes who have had an infectious disease during the previous calendar year must report it. This illness is subject to examination by the College Physician prior to being given permission to become a team candidate. Loss of one of any paired organ: (ex: eye, kidney, testicles, etc) shall disqualify the student from participating on any intercollegiate team sponsored by the athletic department unless the athlete receives written permission to participate from the College Physician.

SECTION II – MEDICAL EXPENSE

Gadsden State Community College provides “excess or “secondary” athletic medical insurance coverage for all intercollegiate student-athletes in addition to your current personal health insurance plan. The secondary coverage is utilized in the event that the student-athlete incurs an injury while participating in a Gadsden State Community College Athletic Department sanctioned function including play, practice, travel and conditioning. Once all benefits have been paid on the claim, our secondary insurance policy will pay any remaining amounts.

In the event the student-athlete does NOT have primary healthcare insurance, they must have a completed waiver on file with the athletic department stating as such. If at any time the athlete should acquire healthcare insurance, they must inform the athletic training staff and athletic department immediately.

The Athletic Training Department is not responsible for any medical or healthcare bills acquired by a student-athlete when a student-athlete is assessed, evaluated, treated or consulted with by any provider without the knowledge and written approval of the Athletic Training Department.

No liability is assumed by Gadsden State Community College for the treatment of such common illnesses as colds, sore throats, respiratory infections, minor skin rashes or gastro-intestinal disorders, etc.

HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization)

Enrollment in these types of organizations is growing by leaps and bounds. For the parents to have payable coverage for their athlete, when they are a member of these organizations, they must use the authorized medical vendors from the list provided to them. Your coverage through our office is EXCESS coverage and does contain exclusions for those bills incurred that were “payable” by other insurance or plan. If the parents choose not to use the authorized medical vendors of their plan, they should be aware that their organization will not be able to pay the bill incurred that would have been honored and they used the proper medical vendors.

GADSDEN STATE COMMUNITY COLLEGE MAY NOT BE ABLE TO HONOR THE CLAIM IF PARENT AND / OR STUDENT FAIL TO FOLLOW THEIR HMO’S OR PPO’S PROCEDURES.

SECTION III – PARENTS, GUARDIAN AND ATHLETE

I, (Athlete, Parent, and/or Guardian) understand the College’s responsibility to a student who becomes injured as a result of participation in the intercollegiate sports program at Gadsden State Community College.

Date _____ Athlete’s Signature _____

Date _____ Parent or Guardian’s Signature _____

SECTION IV – AUTHORIZATION FOR MEDICAL SERVICES

Authorization for medical services needed as a result of an injury attributable to participating in intercollegiate athletics must be obtained in advance of such services. Authorization for the needed medical services is obtained from the Athletic Trainer or the Director of Athletics in writing on the approved college form. Arrangement for the care of injuries requiring medical attention following the athlete’s drop out or graduation must be made with the Director of Athletics prior to his / her drop out or graduation.

**STUDENT ATHLETE INFORMATION AUTHORIZATION AND INJURY/ILLNESS
RELEASE**

I DO give consent _____ I DO NOT give consent _____

For the team physician, athletic trainers or other personnel of Gadsden State Community College to release such information regarding my medical history, record of injury or surgery, record of serious illness and rehabilitation results as may be requested by the treating physician, rehabilitation facility, supervising team and strength coaches, Gadsden State Community College's risk management department or insurance carrier for the purpose of claim assessment and payment. I understand that a record will be kept of all individuals requesting such information and the date of the request. This information is normally confidential and except as provided in the Release, will not be otherwise released by the parties in charge of the information. This Release remains valid until revoked by me in writing. I understand that the team physician, athletic trainers and other personnel of Gadsden State Community College have strict confidentiality policies and will not release my private medical information to any other individuals other than those listed above including scouts, representatives of any professional or amateur organization, sports information and/or the media/journalists without obtaining my written release.

Student Athlete Name (Print) _____

Signature _____

Date _____

I have read the above student athlete injury/illness release and understand the statement therein. I authorize the team coaches, team physician, athletic trainers or other medical personnel of Gadsden State Community College to release verbally or in writing all information pertaining to injuries/illness that effect my sports participation.

Signature _____

Date _____

STATEMENT OF COMPLETION

I have filled out this packet truthfully and to the best of my knowledge. I understand that failure to provide any information requested RELEASES Gadsden State Community College, the Athletic Department, the Sports Medicine Staff and consulting physicians from legal responsibility regarding recurrences or complications of any conditions not listed here.

Student Athlete Name (Print) _____

Signature _____

Date _____

TO THE PARENTS OF STUDENT-ATHLETES:

Student athletes are required to have a physical examination prior to participation in any intercollegiate sport. The decision for acceptance/rejection is the responsibility of the team physician/athletic director who also makes the decision if/when an athlete may participate after an injury.

We provide our athletes with the very best care possible. Medical bills may be incurred when the athlete is treated for bodily injury due to an accident. Athletic accident insurance provides coverage for accidents while participating in play/official team practice of intercollegiate sports including sponsored and authorized team travel. The NCAA, ACCC, and NJCAA discourage us from providing coverage or paying bills related to illnesses/conditions that are not sustained as the direct result of an accident in our intercollegiate sports program (this includes pre-existing conditions and non-athletic injuries).

CLAIM PROCEDURES

Medical bills will be sent directly to your son/daughter or to your home address unless we instruct the medical vendors otherwise.

1. Submit bills to your family insurance first. They will either –
 - a. honor the claim and pay all or a portion of the bills. An Explanation of Benefits (EOB) will be mailed to you; please forward a copy to the Gadsden State Community College athletic department. The EOB and primary carrier statements will also need to be **DIRECTLY** mailed to the following:

BMI Benefits, LLC
PO Box 511
Matawan, NJ 07747 OR

- b. not honor the claim and send you a letter of denial.

2. If a balance remains after your family insurance has contributed toward the claim, send the insurance company's claim form and a copy of the bills to our athletic department. If you receive a letter of denial from your family insurance plan administrator, send it and a copy of the bills to our athletic department. If coverage is not available, send a letter of verification from your employer to our athletic department.

3. If the bills are not paid by your family insurance, the claim will be sent from the Gadsden State Community College athletic department to our insurance carrier's office. Please cooperate fully if they need additional information.

NOTES:

- If the family insurance is through an HMO (Health Maintenance Organization), you must follow their claim procedures. This is important if your HMO plan requires pre-authorization to treat the athlete if out of your plan's network.
- Complete the attached **IN DETAIL** and return it to us prior to athletic participation.
- Keep this letter for further reference.