

GUIDELINES REGARDING ATHLETIC SPONSORED INSURANCE & MEDICAL REFERRALS

NAME _____ SOCIAL SECURITY NUMBER _____

Our Lady of the Lake University endeavors to conduct its athletic programs in a manner, which is consistent with the highest standards of safety. However, intercollegiate sports by their very nature involve the risk of personal injury, which in some cases may be serious or even catastrophic. Therefore, as a willing participant in any college athletic program, there is a personal assumption of risk on your part.

Student-athletes participating in the Intercollegiate Athletics at Our Lady of the Lake University are hereby advised to the following. The University provides secondary medical coverage for all student-athletes with the following limitations and stipulations:

- a. Coverage applies only to injuries sustained during participation in scheduled and supervised intercollegiate athletic events or travel related thereto. It provides no coverage for sickness or disease in any form.
- b. The University requires all students to maintain and show proof of medical health insurance for the academic year. It is the responsibility of each student-athlete to have in force personal medical health insurance or to enroll in the student insurance plan offered by the University. **The University will not cover any student-athlete who does not maintain a primary health care plan.**
- c. It is the responsibility of the student-athlete to confirm that chosen medical health insurance includes athletic injuries. Health Maintenance Organizations (HMO) plans and certain health insurance policies exclude athletic injuries. Should this be the case, the student-athlete must enroll in the University offered health plan.
- d. It is the responsibility of the student-athlete to abide by all rules and regulations that are stated in their policy. In the event that you are covered by an HMO that is located outside San Antonio, be advised that you must still abide by the policies of the HMO. This could necessitate travel outside the area for medical, surgical and rehabilitative services. If this is not feasible due to distance, the athlete must enroll in the University offered health plan, or become personally liable for all medical debts incurred. Be advised with some HMOs, you may be able to change the service area.
- e. The University provides quality care for all athletic injuries through its network of sports medicine providers. It is the responsibility of the student-athlete to report all injuries to the Head Athletic Trainer as soon as they occur. Student-athletes will be evaluated and treated for the condition, as well as referred for specialty consultations. **Student-athletes have 60 days to request a medical consultation.**
- f. All injuries needing medical attention must be referred by the University's Head Athletic Trainer. Do not seek treatment for any injury without first consulting with the University's Head Athletic Trainer. Student-athletes will be evaluated and treated for the condition, as well as referred for specialty consultations. Seeking initial treatment for any athletic injury without first consulting the University's Head Athletic Trainer will void existing secondary excess coverage. In seeking treatment without a referral the student-athlete will assume the cost of any medical expenses incurred as a result of their injury.
- g. It is the responsibility of the student-athlete to provide the University with billing statements from all medical providers AFTER payment of their primary insurance company. The University will not pay any medical provider without a previous primary insurance payment. Student-athletes have 120 days, from primary insurance company payment date, to provide the University with a billing statement for payment. Student-athletes who fail to provide the statement within the 120 day period will assume the cost of any medical expenses incurred as result of their injury. For personal credit purposes please provide the billing statement as soon as possible to the University.
- h. Secondary coverage by the University provides coverage for office visits, diagnostic medicine, specialty consultations, and physician prescribed second opinions and other usual, customary and reasonable options prescribed as a necessity by the physician. The University does not cover the following: 1. contact lenses or glasses unless dictated by injury; 2. orthotics, unless dictated by injury; 3. chiropractic expenses; 4. physical therapy unless approved by the University; 5. special fit braces that can not be reused by the University; and 6. unauthorized second opinions.
- i. Secondary coverage by the University provides payment for usual, customary, and reasonable charges incurred within 24 months following the date of injury.

SIGNATURE _____ DATE _____

PARENT'S SIGNATURE _____ DATE _____

ATHLETICS MEDICAL TREATMENT & INFORMATION AUTHORIZATION

NAME _____ SOCIAL SECURITY NUMBER _____

MEDICAL TREATMENT AND INFORMATION AUTHORIZATION

I hereby give my permission for any hospital and its agents or a licensed physician and his/her agents to administer any necessary medical treatment to the above-named student-athlete in the event of illness and/or injury. Furthermore, I hereby authorize any insurance company, hospital, physician, other care provider of Our Lady of the Lake University to disclose or secure copies of all information and records with respect to any injury, medical history, consultation, prescription, treatment and insurance policy coverage of the named athlete. A photocopy of this authorization shall carry the same validity as the original.

I also understand and agree that Our Lady of the Lake University and the Athletics Department and its employees will neither accept responsibility nor be held responsible for injuries and illness which occurred prior to my commencement of athletic participation at Our Lady of the Lake, or injuries and illness which are not the direct result of an accident during my athletic participation at Our Lady of the Lake University.

I also understand that the secondary coverage is provided, but will not cover any conditions unrelated to athletic participation or an athletic sponsored/authorized event, and will pay any claim ONLY after the primary insurance listed above has been utilized. I also understand that seeking medical attention without following the referral procedures from the Athletics Department will void my secondary coverage and makes all charges become the responsibility of the insured. I also understand that falsifying insurance information or failing to provide medical information may delay the claims process and result in all charges becoming the responsibility of the insured.

SIGNATURE _____ DATE _____

PARENT'S SIGNATURE _____ DATE _____