

Biola University's Medical Care and Insurance Policies

The following information is to inform you of Biola University's athletic insurance and medical care policies. **It is important that you as the athlete understand the medical care system at Biola University.**

IF YOU GET HURT

Always let the athletic training staff know immediately if you sustain an injury. This injury must be documented and an exact date of injury recorded.

Always make sure the athletic training staff has your current primary insurance at all times. At the beginning of the year you are required to fill out an insurance form and provide a copy of your primary insurance card. If this changes, it is your responsibility to provide us with the new information. Not providing this information slows down the payment process, creates more work for you the athlete, and can result in **you** being sent to **collections**, which affects your credit. If you were ever seriously hurt and unable to provide this information on your own Biola University will rely on the information in your personal file.

Always carry your identification and insurance card with you. Please keep your identification and insurance card close to you while at practice or competition. (In your car or dorm room does not constitute close).

SEEING A DOCTOR

The Athletic Training Department at Biola University has medical providers we regularly refer to. Please let the staff know before you see our doctor if you wish to see a certain doctor or type of doctor. **Do not seek medical attention (unless an emergency) without first notifying the athletic training staff. Doing so can slow down the payment or even void your secondary insurance policy.**

Athletes covered under an HMO will be required to see their primary physician first.

The athletic training staff will not send you to our regular providers if you have an HMO. If you have an **out of area HMO** it is recommended you change your primary care physician to a local physician.

Kaiser is considered an HMO. Any athlete with Kaiser will be referred to the local Kaiser Facility.

When you have your first appointment with the doctor it is your responsibility to see that they have all your primary insurance information, Biola University's secondary insurance card, local phone numbers and permanent phone numbers.

AFTER SEEING THE DOCTOR

The athletic training staff communicates with the athlete's medical providers to the extent that privacy laws permit. We will be in touch with your doctor and will, if possible attend your doctor's visit with you. Information on your injury is not released to your coach unless you, in writing, agree to the release of information and to what extent information is to be released.

SECOND OPINIONS

If you would like a second opinion on your medical condition, please contact the athletic training staff and efforts will be made for you to see another doctor. Please understand that if you seek a second opinion on your own or seek continued care from an unauthorized medical provider your secondary insurance policy will become void.

INSURANCE INFORMATION

All students at Biola University (including student-athletes) must have health insurance as explained in the Biola University student handbook. Your injury is paid by your primary insurance and is on record at the medical provider's office as your financial responsibility. The athletic insurance representative is here to process a claim with the secondary insurance policy. **We do not communicate with your primary insurance.** Before you go to the doctor the athletic training staff will give you a secondary insurance card to take with you. It is your responsibility to give the medical provider your primary and secondary insurance information. **Biola University Athletic Insurance is not your primary insurance.** (See **Secondary Insurance** for more information.) If you have any questions regarding insurance or are encountering insurance problems please talk to the athletic insurance representative.

SECONDARY INSURANCE

The University maintains athletic injury insurance, which pay benefits for injuries received while participating in official practice sessions or in actual intercollegiate competition. This insurance is a **secondary** policy requiring that the primary (student-athlete's) policy must first be applied to any medical costs. All claims must be filed first against the students-athlete's insurance policy by the student-athlete. The secondary policy pays on the amount not covered by your primary insurance.

There are guidelines that must be followed in order for the secondary insurance to pay for your injury. It is your responsibility to read and understand this policy before becoming hurt. The athletic training staff or athletic insurance representative will answer any questions you have about the secondary insurance policy.

GUIDELINES FOR SECONDARY INSURANCE

- The student-athlete must be cleared medically by the Athletic Training Room.
- The student-athlete must be on the official roster.
- The student-athlete must have sustained the injury while participating in organized and official competition, practices, conditioning sessions, or travel to and from events.
- A claim form must be completed by the student-athlete.
- Medical attention was obtained after notifying the athletic training staff (unless in an emergency).

Rarely, an injury will have long term physical affects to the athlete, primary insurance will be maximized and the secondary insurance will reach its benefit amount or time. This situation should be foreseeable and not come as a surprise. With proper medical care these situation can be recognized. It is your responsibility to discuss these situations with the head athletic trainer before benefits lapse. The University will make efforts to assist you with future medical care if at all possible and only in the situation where all procedures have been properly followed. Any lapse in procedure by the athlete will negate Biola University of financial involvement in your future care.

Please do not make a common mistake and put off medical care for an injury until: after your competitive season, after your eligibility has lapsed, or after you graduate. Making these decisions will severely limit your secondary insurance's financial benefits and time limits and possibly extend completely beyond them. You would then be solely responsible for your own medical care. Medical care should be sought immediately when it is deemed to be necessary by the athletic training staff.

PATIENT RESPONSIBILITIES

- Your health is a shared responsibility.
- Be sure you understand your health situation.
- Be honest and direct in a courteous fashion about everything that relates to your need for health services.
- Follow the prescribed treatment plan.
- Ask the athletic trainer if you have any questions.

Athletic Insurance Information

Please return with a copy of the front and back of your insurance card.

(Print) Last Name, First MI

School ID #

Sport

Primary Insurance Carrier

Name of Company _____

Policy/ID# _____ Group # or Employer _____

Policy Holder Name _____

Policy Holder Date of Birth ____/____/____ Relationship to athlete _____

Insurance Co. Address _____ City _____
State _____ Zip _____ Phone _____

Is this insurance a HMO PPO POS

Does your insurance require pre-authorization for services? No Yes

I do hereby certify that the above insurance information is complete and accurate. I also understand that the above insurances are to be utilized for medical expenses incurred during my participation in the University's intercollegiate athletic program. A photo copy of this authorization shall be deemed as effective and valid as the original. I also consent to the University or its insurance agent to pay the medical vendors direct for any bill incurred from accidents that are covered under university's Athletic Injury Insurance Policy.

Student Athlete Signature _____ Date _____

Parent's Signature _____ Date _____
(if student-athlete is under 18 years old)

I have read and understand Biola University's medical care and insurance policy.

Student Athlete Signature _____ Date _____

Parent's Signature _____ Date _____
(if student-athlete is under 18 years old)