

Fairmont State University Intercollegiate Athletics

ACCIDENT INSURANCE PROTOCOL

BACKGROUND:

Summit America Insurance Services, NCAA Basic Accident Medical Program, underwritten by Mutual of Omaha Insurance Company has been contracted by the State Board to provide **ONLY LIMITED SECONDARY** coverage. **The limit of this coverage is 25,000.00(annual aggregate).** Participation in intercollegiate athletics involved an assumption of risk on the part of the participant and his / her's parents. This limited coverage **is not** a primary plan and **does not** provide the same coverage as a primary plan. **IT IS IMPORTANT THAT THE STUDENT ATHLETE HAVE A PRIMARY INSURANCE PLAN THAT COVERS ATHLETIC INJURIES. IF YOU DO NOT ALREADY HAVE SUCH A PLAN, YOU SHOULD ARRANGE TO ACQUIRE ONE PRIOR TO THE START OF PRACTICE FOR THE UPCOMING SEASON.**

PROCEDURE FOR SUBMITTING CLAIMS:

- ** All athletic injuries must be reported to the **Head Athletic Trainer/Team Physician within 24 hours** of each occurrence. The **Head Athletic Trainer/ Team Physician** will verify that it is a **covered athletic injury**, determine the disposition of the injury and made the required referrals if necessary.
- ** Upon determination that a referral is necessary the student athlete **must** fill out the appropriate claim form in consultation with the **Head Athletic Trainer**. The claim form must be signed by the student athlete. **Student athletes wishing to obtain second opinions must do so at their own expense unless they receive written permission from the Head Athletic Trainer/Team Physician.**
- ** All bills must first be submitted to the student athlete's own insurance carrier. If the total cost (less deductible) is not covered, the state policy

may pick up the remaining balance or a portion of it as the coverage dictates.

- ** The following **must** be provided before any claim will be processed under the **secondary policy**; the **required claim form**. Also, the **itemized bills** stating **the date of the service, treatment, the charges for each service rendered and an explanation of the benefits form showing balances paid and owed**.

ONLY when **ALL** of the above have been submitted will the claim be processed by the athletic department and Summit America Insurance Services, NCAA Basic Accident Medical Program, underwritten by Mutual of Omaha Insurance Company

WHAT IS NOT COVERED:

- ** Deductibles on primary coverage's are not covered by this policy. They are the responsibility of the parents and the student athlete.
- ** Referrals not authorized in writing by the **Head Athletic Trainer/ Team Physician**
- ** Athletic injuries suffered in non-sanctioned athletic department activities (i.e. pick-up games)
- ** Prescription drugs for injuries of illnesses
- ** Charges in excess of reasonable and customary fees.
- ** **The first 250.00 of claims related to qualified injuries (annual deductible) will not be covered for student-athletes who do not have primary coverage.**
- ** Elective Surgeries
- ** Repeated joint reconstructions
- ** Customized functional braces
- ** Pre-existing conditions
- ** Illnesses not related to athlete participation

UPDATED PROVISIONS;

- ** Referrals to chiropractors and physical therapy services must be in writing from the **Head Athletic Trainer/ Team Physician.**
- ** All claims will be reviewed by the American Claims Evaluation Inc. to assure that billing does not occur.
- ** All claims involving Canadians must first be submitted to:

Ontario Ministry of Health
P.O. Box 48
Kingston Ontario, Canada K7115J3
Attention: Out of Country Claim

- ** Student athletes not covered under a primary insurance policy will be responsible for the **first \$ 250.00** of cost (annual deductible) related to qualifying injuries. **(Arrived aggregate limit 25,000.00)**

- ** **STUDENT ATHLETES NOT COVER UNDER A PRIMARY INSURANCE POLICY MUST PROVIDE THE ATHLETIC DEPT. WITH A WRITTEN, NOTARIZED DOCUMENT STATING THAT THEY HAVE NO PRIMARY INSURANCE COVERAGE.**

INFORMATION;

If you have any questions regarding this policy contact:

Robert J. Cable MS, ATC, EMT-B
Head Athletic Trainer
Department of Athletics
Fairmont State College
Locust Ave.
Fairmont, WV 26554

Telephone: (304) 367-4273, Fax Number: (304) 367-0202

****** I have read and agree to comply with the provisions stated above ******

PLEASE SIGN AND RETURN THE ORIGINAL COPY

Parent's/ Guardian's Signature

Date

Student-Athlete's Signature

Date

Fairmont State College
Student-Athletes
Insurance and Emergency Form
(Please Print)

Student-Athletes Full Name _____

Birth Date _____ Sport _____

Social Security No. _____ Academic Year _____

The statement of Insurance Protocol must be read and understood and this information form filled out completely prior to the student-athlete participating in practice and/or contest.

Parent/Guardian _____ Date _____

Address _____

Telephone Numbers (home) _____ (work) _____

Name of Insured _____

Address of Insured _____

Relationship to You _____

Insurance Co. Name _____

Address of Insurance Co. _____

Telephone Number of Insurance Co. _____

Group Number _____

