

MEDICAL INSURANCE AND AUTHORIZATION FORM

Please **complete and mail, fax, or email** to: Valdosta State University, Athletic Department, Insurance Clearinghouse
Valdosta, GA 31698; (FAX#) 229-333-5972, c/o (list your respective head coach),
email: dbwisenb@valdosta.edu (Debbie Wisenbaker, Ath. Administrative Coordinator)

ATTENTION: A FRONT AND BACK COPY OF YOUR INSURANCE CARD MUST BE ATTACHED TO THIS FORM

Please write legibly.

Full Name of Athlete _____ Sport _____ (cell #) _____
VSU Student ID # _____ Date of Birth _____
Emergency Contact (Name) _____ (Phone Number) _____

Name of Father/Guardian _____
Address _____
City _____ State _____ Zip _____
Email: _____
Home Telephone Number () _____
Employer _____
Work Telephone Number () _____

Name of Mother/Guardian _____
Address _____
City _____ State _____ Zip _____
Email: _____
Home Phone Number () _____
Employer _____
Work Phone Number () _____

PRIMARY INSURANCE

Policy Holder's Name _____
Date of Birth _____
Policy Number _____
Group Number _____
Effective Date _____
Insurance Company _____
Address _____

Phone Number _____

SECONDARY INSURANCE

Policy Holder's Name _____
Date of Birth _____
Policy Number _____
Group Number _____
Effective Date _____
Insurance Company _____
Address _____

Phone Number _____

This policy is a (n) (please circle) HMO PPO Other

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Please indicate with a check one (1) of the following:

____ I/We do not have a group medical insurance policy or my/our son/daughter is NOT covered under the policy.

or

____ I/We have a group medical insurance policy and authorize the VSU ATHLETIC DEPARTMENT to file a claim on my/our behalf for an athletic injury sustained by the above under the group medical policy or policies shown above. Furthermore, I/we consent that any amounts payable under this policy for an athletically related injury of the above athlete be paid directly to the medical provider.

I/We certify that I will keep the policy in full force and effect for the duration of my participation in VSU Athletics.

Please read and check the following statement:

____ I/We agree to coordinate all medical referrals through the VSU Athletic Training Department. I/We have read and agree to follow the insurance policies of the VSU Athletic Department, as stated in the Student Athlete Handbook and medical insurance form and FAQ.

All student-athletes are required to possess primary health insurance while participating in intercollegiate athletics, as stated in the Student Athlete Handbook, medical insurance form and FAQ. See the back of this form for specifics regarding primary health insurance.

More Information on Back 

PLEASE INITIAL THE FOLLOWING STATEMENTS AFTER THEY HAVE BEEN READ AND SIGN ON THE SIGNATURE LINE ON THE BOTTOM.

_____ The VSU Athletic Training Staff (ATC) must coordinate referral for medical care and/or treatment of any and all athletic related injuries. Any self-referral will absolve the Athletic Department from responsibility for any payment of claims.

_____ Student-Athletes are required to carry and keep in force a primary health insurance policy.

- What if I do not have primary health insurance on my son/daughter? The Athletic Department will purchase primary insurance through the NCAA for student-athletes receiving \$1000 or more in scholarship award (books are not considered a scholarship award in this instance). This is an accident policy only covering athletic related accidents that occur during scheduled practice or games.
- What if I am not receiving a \$1000 or more in scholarship? You will be required to purchase primary insurance.

_____ **Student-athletes not receiving at least \$1000 in scholarship award (books are not considered a scholarship award) are responsible for payment of all medical claims.**

_____ Be sure to forward all bills, statements, claims, explanation of benefits (EOB), etc. to my office in order to pay bills in timely manner. This is the primary cause for delayed payment to medical providers. These items are only mailed to one party; therefore, if they were sent to you we probably did not receive a copy (send to: Valdosta State University, c/o Russ Hoff, 1500 N. Patterson St., Valdosta, GA, 31602).

- Those student-athletes not receiving at least \$1000 in scholarship award (books are not considered a scholarship award) are responsible for payment of **all** medical claims. Providers will be instructed to direct bill the patient.

_____ The Athletic Department must be notified immediately of any change in insurance status. If a student athlete is dropped from coverage at any time during the academic year, and an athletic injury occurs the Valdosta State University Athletic Department is absolved from responsibility for payment of claims.

_____ We consistently find that student-athlete's primary insurance is terminated due to lack of verification that your son/daughter is a full time student. Many companies require this verification to be updated annually. I have verified with my insurance company to confirm that my son/daughters insurance is in effect and their full time student status has been updated.

_____ **If you do not have insurance on your son/daughter, Valdosta State University Athletics requires a statement written by your employer on company letterhead stating that neither you nor your child has medical insurance coverage. We must have this before student athletes will be allowed to practice or compete.**

_____ The NCAA and VSU require the obtaining of a signed medical insurance form and front/back copy of insurance card on file and updated annually. Your son/daughter will not be allowed to participate in VSU Athletics practice or competition unless we receive your primary insurance information or employer notification of no insurance.

_____ **The maximum cumulative annual out of pocket expense the athletic department will pay is \$1000 for deductible and co-pay (for those student-athletes on scholarship, > \$1000 aid).**

I have read and agree to the medical insurance policies and procedures described on this form and on the FAQ information sheet.

Signature of Parent/Guardian/or Insured

Date Signed