Fayetteville State University Sports Medicine Insurance Statement

IMPORTANT!!!!! Please read all of the following, and ask the athletic trainer any questions you may have, then <u>CIRCLE THE POLICY TYPE</u> and sign and date the second page.

- You have signed and filled out forms acknowledging that athletics at Fayetteville State University come with a risk of injury which you accept.
- You have signed and filled out forms which state that you agree to be treated by Fayetteville State University's athletic trainers and/or team physicians.
- Some medical care may come with a substantial cost.

<u>YOU MUST HAVE A PRIMARY HEALTH INSURANCE PROVIDER TO PARTICIPATE IN INTERCOLLEGIATE ATHLETICS AT FAYETTEVILLE STATE UNIVERSITY!</u>

Fayetteville State University provides an optional primary health insurance policy. **If you turn down this primary policy provided by the school,** YOU MUST HAVE YOUR OWN PRIVATE PRIMARY HEALTH INSURANCE. You are responsible for any "co-pay" your own primary insurance may require for doctors' visits.

The *Athletic Department* at Fayetteville State University provides you with a *SECONDARY* health insurance policy at no cost. This secondary policy is different from the school's primary plan and is for intercollegiate student-athletes and injuries resulting from intercollegiate athletics only. Keep in mind that this policy is *secondary* to any other primary health insurance policy and will not pay until after a primary insurance has paid. This policy also has $3000 disappearing deductible, which means it will not pay leftover costs until after the primary insurance and the claimant have paid at least $3000 in medical expenses. For example, if you require an $8000 knee surgery, your primary insurance may pay $4000 towards it. The secondary insurance will pay the remaining $4000. However, if the bill for medical services is under $3000, the remainder after your primary pays is YOUR responsibility.

For insurance to cover the costs of your medical bills, proper paperwork must be filed according to the particulars of your health insurance provider. It is ultimately YOUR RESPONSIBILITY to see that paperwork and claims are turned in and filed correctly. The athletic trainers and school medical staff are here to help and assist you however possible. If you receive any bills, paperwork, or forms needing replies from hospitals or insurance companies regarding an injury related to athletics, please **bring them to the training room as soon as possible** so that we may assist you in proper handling of these items.

Beyond all the insurance policies and procedures, remember that you have chosen to accept the risk associated with intercollegiate athletics at Fayetteville State University. Any injuries and financial costs associated with said injuries incurred as a result of your participation in intercollegiate sports at Fayetteville State University are ultimately your obligation. The school is here to help you, but you must do your part to keep us involved in the process.

I certify that I am covered by a primary health insurance policy from (circle one below):

Fayetteville State University or My own primary insurance company (Please attach copy of insurance card)

I have read all the information contained on the pages of this statement and I understand my responsibilities and obligations.

_____

Print name of Student-Athlete

_____ _____

Signature of student-athlete or legal guardian if athlete is under 18 Date