

APPENDIX BB: WCU INSURANCE POLICY FORMS

Steps for Processing Medical Bills

Parent/Legal Guardian: please keep this for your records!

- ***Receive pre-authorization from WCU Department of Sports Medicine for referrals of off-campus services.*** This is granted by the Director of Sports Medicine and/or Team Physicians.
- ***Receive pre-authorization from your primary insurance carrier and/or insurance referral from you PCP (Primary Care/Family Physician).*** This is most important if you are seeking the services of a specialty provider, having an image or laboratory test performed or undergoing surgery. ***If your insurance would be considered out of network please contact you insurance carrier and request “guest privileges” while at college in order to avoid payment for services being denied.***
- ***Provide all insurance information to healthcare providers at time of service.*** The WCU Department of Sports Medicine requests this information from you ahead of time for our records. This way should we need take a student for services we will have the appropriate information so that services are not delayed.
- ***Itemized bills and Explanation of Benefits (EOB):*** Medical providers will submit claims/bills directly to your insurance carrier. Once your insurance carrier processes these claims/bills if there is a balance left over you will be sent a bill. Also, your insurance carrier will send you an EOB showing what they paid or denied. Once you receive the bills and EOB's, please submit both to the WCU Department of Sports Medicine.
- ***WCU's athletic health insurance information:*** WCU Department of Sports Medicine carry's a health insurance policy for athletes who sustain and injury or occurrence as a direct result from participating in their assigned sport. Once you have submitted medical bills and EOB's to the Department of Sports Medicine they will be reviewed and once determined that the medical services were related to the assigned sport then the medical bills and EOB's will be turned over to WCU's athletic health insurance carrier for processing. Once WCU's insurance carrier processes their portion of the claims you will receive additional bills and EOB's for any remaining balance due.
- ***Final processing of payments:*** Please continue to forward bills and EOB's directly to WCU Department of Sports Medicine. We will work expeditiously to see that all remaining bills are paid in a timely manner.

Please note that WCU will **NOT** pay for the following:

- Any bills incurred without the approval of the WCU Department of Sports Medicine as stated above.
- Any bills requesting payment without proper paperwork such as insurance EOB's and medical bills.

- Healthcare issues prohibited by NCAA regulations allowing WCU to pay for (please refer to the student athlete handbook for this complete list).
- Pre-existing conditions
- Our team physician is available to treat other symptoms not related to a sport injury such as the flu, sore throat, etc., as a courtesy to our athletes at no charge. However the insurance carrier for WCU and WCU are not responsible for any outside medical provider's charges that are not sport related regardless of whether or not the team physician arranges the appointment.
- Any co-payments that a medical provider requires you to pay upfront for services.

If a bill becomes delinquent as a result of failure to submit itemized bills, EOB's, and/or payments received from the insurance companies within six months from the date of injury/service, the athletic department will not assume financial responsibility.

*****Please understand that this complete process can take anywhere from 90 days or longer to complete the above steps. If you are concerned about your credit we suggest that you consider paying any final charges and contact our office to discuss possible reimbursement. In addition, you must provide the Department of Sports Medicine proof of payment such as both sides of your cancelled check, bank or credit card statement to complete the process. Please call (828) 227-2043 with any questions or concerns.***

UNDERSTANDING OF PAYMENT FOR WCU EXCESS INSURANCE POLICY:

It is our philosophy that all student athletes at Western Carolina University receive the best possible healthcare services that we can provide. The ability for the Department of Sports Medicine to achieve such a goal requires communication, collaboration and cooperation between our staff, our student athletes and the parents of our student athletes.

The Department of Sports Medicine at Western Carolina University employs and/or contracts with certified athletic trainers, physical therapists, strength and conditioning coaches, general medical practitioners and specialty medical practitioners. These individuals are ultimately responsible for the care of our student athletes. Student athletes who receive care on the premises of WCU do so as a courtesy of the University.

Anytime a student athlete sees an off-campus healthcare provider at the request and approval of the WCU Department of Sports Medicine, the University will assist in the payment of any medical bills that may be acquired. Under these circumstances, the student athlete is required to file the claim under his/her primary insurance carrier. Once the primary insurance carrier has informed the carrier and medical provider of the amount covered, the student athlete may submit an explanation of benefits document (EOB) from their primary insurance company and an itemized statement of charges incurred, directly to the Department of Sports Medicine for verification of services provided and payments completed. Once this is done, WCU will allow the medical provider to then file the remainder of the claim under WCU's secondary athletic health care insurance. Any remaining costs incurred by the student athlete following the filing of claims to ALL insurance carriers should be reported to WCU Department of Sports Medicine with appropriate documentation. When a student athlete does not have a primary insurance carrier, or when proof of denial for payments by a primary insurance carrier is documented, WCU will again assist the student athlete through their insurance policy.

If at anytime during the student athletes participation in sports at WCU their primary insurance information changes, the student athlete will be responsible for notifying the Department of Sports Medicine of this change and provide undated insurance card(s). If insurance is cancelled due to employment change and no new insurance would be obtained, the student athlete must submit a letter of cancellation from either the insurance company or employer stating that there is no primary coverage. **Please know and understand your insurance coverage, if your policy does not cover out of network area services then WCU Department of Sports Medicine cannot obtain any referrals or authorizations for services. You may want to contact your insurance company to inquire if they have a special plan/guest privileges for students away at college.**

The Department of Sports Medicine at WCU is not responsible for any medical or healthcare bills acquired by a student athlete when a student athlete is assessed, evaluated, treated or consulted with by any provider without the knowledge and written approval of the Department of Sports Medicine.

I understand that at times it may be necessary for the staff of WCU Department of Sports Medicine to contact and speak with my parent(s) or legal guardian in order to help with the processing of medical claims at which time medical conditions and services I had may have to be revealed:

_____ I authorize WCU Department of Sports Medicine staff to disclose and discuss medical claims, medical treatment or conditions with my parent(s) or legal guardian if necessary to help with the processing of medical claims.

_____ I DO NOT authorize WCU Department of Sports Medicine staff to disclose or discuss medical treatment or conditions with my parent(s) or legal guardian. I will be responsible for providing them with this information when necessary in order to help with processing of any medical claims. **I understand that if I choose to withhold this information that I will be solely responsible for obtaining information for the processing of medical claims within 6 months of injury date.**

By signing below, I acknowledge that I have read and fully understand the guidelines for payment of medical healthcare related expenses at Western Carolina University. **Parent or Legal Guardian MUST sign if student is under 18 years old.**

Student Athlete (Print Name)

Parent or Legal Guardian (Print Name)

Student Athlete Signature//DATE

Parent Signature//DATE