

PARENT INSURANCE INFORMATION FORM

PARENT/GUARDIAN COMPLETE AND RETURN TO: Scott Michel, MA, ATC
Kalamazoo College, Anderson Athletic Center
1200 Academy St.
Kalamazoo, MI 49006

FAILURE TO COMPLETE ALL BLANKS WILL RESULT IN CLAIMS PROCESSING DELAYS.

NOTE: Complete all blanks with information or N/A in not applicable.

I. Name of Athlete: _____ Social Security Number: _____	Sport(s): _____ Date of Birth: _____
II. Father/Guardian: _____ Social Security Number: _____ Address: _____ _____	Mother/Guardian: _____ Social Security Number: _____ Address: _____ _____
Telephone Number: _____	Telephone Number: _____
III. Employer: _____ Address: _____ _____	Employer: _____ Address: _____ _____
Telephone Number: _____	Telephone Number: _____
IV. Medical Insurance Company or Plan: _____ Address: _____ _____	Medical Insurance Company or Plan: _____ Address: _____ _____
Telephone Number: _____	Telephone Number: _____
Policy Number: _____	Policy Number: _____

Is the company or plan listed above considered a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO) YES_____ NO_____

Does your insurance or plan require a second opinion before surgery? YES_____ NO_____

I hereby authorize Kalamazoo College and First Agency of Kalamazoo, Michigan to inspect or secure copies of case history records, laboratory reports, diagnoses, x-rays, and any other data covering this and/or previous confinements and/or disabilities. A photostatic copy of this authorization shall be deemed as effective and valid as the original.

I have read the enclosed insurance information and understand the correct claim procedures required by my insurance (including HMO or PPO).

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

KALAMAZOO COLLEGE
INSURANCE CLAIM POLICIES AND PROCEDURES

Dear Parents:

We are pleased to have your son/daughter participating in athletics at Kalamazoo College. We hope that he/she will find both success and enjoyment in his/her academic, social and athletic pursuits.

As a condition of the athletic insurance policy that Kalamazoo College has acquired all athletes must be covered. Therefore, **a charge of \$50.00 will be assessed to the student-athletes account after your son/daughter undergoes a pre-participation physical exam.** The athletic insurance policy is a **SECONDARY COVERAGE** and is subject, but not limited, to the following limitations.

1. Only injuries sustained during a game or supervised practice will be covered.
2. Medical expenses will only be covered if the athletic trainer and/or team physician refers the athlete. **Non-referred visits or expenses will not be covered by this policy and as such will be your responsibility.**
3. In regards to HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization), the student-athlete **must** see an authorized medical vendor from the list provided to them. Or, the student-athlete **must** obtain pre-authorization from their primary care physician prior to being referred to another physician. In the event that the student-athlete sees an unauthorized physician, Kalamazoo College's athletic insurance will not cover the incurred expenses and the medical bills will be the responsibility of the student-athletes parents.
4. During the course of the school year, should an athlete's insurance coverage change, the athletic training department must be notified immediately.
5. This Secondary Policy, or supplemental coverage, is provided for expenses incurred in excess of your primary insurance coverage. Supplemental coverage means that any **FAMILY OR EMPLOYER GROUP INSURANCE MUST FIRST CONTRIBUTE IT'S MAXIMUM** before this coverage comes into effect. The bills incurred will be in the student's name and must be submitted to the family or employer group insurance first. This coverage is limited to medical bills incurred within **52 weeks** following the date of injury.

PLEASE DO NOT PAY INSURANCE FEE UNTIL YOU ARE BILLED

KALAMAZOO COLLEGE
INSURANCE CLAIM PROCEDURE

All medical bills for your son/daughter incurred as the result of an injury in intercollegiate athletics at Kalamazoo College will be sent directly to your son/daughter or to your home address. In some cases, the athletic trainer may get a copy of the bill, but in no case will the athletic department be the primary place the bill incurred to be sent.

A. **FIRST**, submit the bills incurred to your primary insurance coverage. They will do one of two things:

1. Honor the claim and pay all or a portion of the bills incurred.
2. Not honor the claim and send you a letter of denial.

B. **SECOND**, if there remains a balance after your primary insurance has contributed its maximum toward the claim, send the **EXPLANATION OF BENEFITS** and a copy of the bills incurred to:

Scott Michel, M.A., ATC
Anderson Athletic Center
Kalamazoo College
1200 Academy St.
Kalamazoo, MI 49006

C. Once the athletic trainer receives the bills, they will be sent along with athletic department forms to the insurance carrier office for processing.

D. It must be stressed that the families primary insurance must either pay or decline to pay before Kalamazoo Colleges athletic insurance will act on any bills. The athletic training department must receive an **EXPLANATION OF BENEFITS** form from the primary insurance prior to submitting any bills.

We have tried to summarize the Kalamazoo College athletic insurance policy. Should you have any questions concerning this coverage, please feel free to write or call. In order for claims to be billed and processed in a timely manner, please follow the above procedures.