

ARKANSAS

ATHLETICS

MEDICAL INSURANCE INFORMATION

TO: The Parents/ Guardians of our New Student-Athletes
FROM: University of Arkansas Sports Medicine Department
RE: IMPORTANT MEDICAL INSURANCE INFORMATION

The University of Arkansas' Athletic Department wishes to welcome your son/daughter as a participant on one of our fine athletic teams. Every sport carries with it some degree of risk to the participant. Our medical staff provides specialized services, care, and supervision to safe guard their health and well-being.

To complement these medical services, we have also arranged for secondary insurance coverage in the event that your son/daughter sustains an injury resulting from athletic participation. All student-athletes participating under the supervision of the UA Athletics Department are eligible for secondary coverage under a basic accidental injury insurance plan. This plan provides "secondary" coverage to student-athletes for injuries sustained while participating in intercollegiate athletics after your primary policy (usually your family policy) has reached its limits of coverage. The coverage also applies to an injury sustained by a student-athlete while traveling with the team directly to or from scheduled practices and games sponsored by UA Athletics.

How does "Secondary" insurance work?

FOR ATHLETIC RELATED INJURIES:

- UA Athletics, through the medical providers and our insurance processors, initiates the claims process. In most cases, all medical bills specific to your son/daughter's care will be filed directly with your insurance company. At that point, you may receive an Explanation of Benefits (EOB) from your insurance company detailing the status of the claim. We make every attempt to ensure that no bills are sent directly to you. In rare cases, medical bills may be mailed to you along with a written request to submit the bills to your insurance company. It may be necessary for you to obtain appropriate claim forms from your employer before submitting the expenses. Therefore, if you do receive bills, please contact us for assistance in expediting the claims process.
- If there is a balance due after your insurance carrier has made payment and it is verified through your carrier's Explanation of Benefits (EOB), either our secondary insurance policy or our athletic department will cover the remaining balance. However, in order for us to do so, we will need copies of your insurance carrier's EOB.

Please remember that we do not expect you to pay "out of pocket" expenses for medical care related to your son/daughter's athletic injury and participation.

1. You will never pay a deductible even if your own policy has one --- for any athletic injury. Our policy will pay that deductible. If you are ever asked to pay anything on an athletic injury, DO NOT! Call us at (479) 575-4208 and we will follow up on any problems.
2. If you ever receive notice that an expense (for an athletic injury) is not covered by your policy, do not pay this. Again, please call us.
3. If your insurance company denies a claim related to your son/daughter's injury, then the department will assume responsibility for all medical bills subject to the rules of the department and the NCAA.

PLEASE BE ADVISED IF YOU PAY ANY OUT OF POCKET EXPENSE FOR AN ATHLETIC INJURY, YOU WILL NOT BE REIMBURSED BY THE STATE OF ARKANSAS, THE UNIVERSITY OF ARKANSAS, OR THE ATHLETIC DEPARTMENT.



UNIVERSITY OF ARKANSAS DEPARTMENT OF INTERCOLLEGIATE ATHLETICS

BARNHILL ARENA / 285 STADIUM DRIVE / FAYETTEVILLE, AR 72701 / OFFICE: 479.575.4208 / FAX: 479.575.2471

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FOR PRE-EXISTING INJURIES:

- If it is determined during the pre-participation medical screening that your son/daughter requires follow-up care for an injury/illness sustained prior to their enrollment at UA, medical expenses for such care will be submitted to your insurance company for coverage. If there are balances due after your insurance carrier has made payment, you will be responsible for those charges.

FOR NON-ATHLETIC RELATED INJURIES/ILLNESS:

- Note that there are a number of expenses for which the Department cannot assume responsibility. These include, but are not limited to: emergency room visits, hospital stays, diagnostic tests, laboratory studies, physician evaluations, and medications for out-of season illness. The period known as “out-of-season” is all times of the year prior to the sport’s official start date and any time following your child’s last competition or NCAA championship event. Injuries that occur outside of intercollegiate athletics such as intramural activities, physical education class, dormitory or household accidents, and motor vehicle accidents are the sole responsibility of you and your insurance carrier.

For non-athletic related injuries, your son/daughter will be instructed to send bills directly to you for payment or submission to your insurance carrier.

- UA Athletics cannot assume responsibility for the medical costs incurred for dermatology care.
- UA Athletics cannot assume responsibility for the medical costs incurred from long-term psychological care, including physician prescribed hospitalization for eating disorder treatment or drug and alcohol addiction.
- UA Athletics cannot assume responsibility for the medical costs incurred from extended allergy/asthma care unless such care is deemed by a physician to be medically necessary for safe participation. The medical expenses resulting from such care will first be filed with your primary insurance policy and any balances will be paid by UA Athletics.
- UA Athletics cannot assume responsibility for the medical costs incurred from gynecological care unless such care is deemed necessary for the purpose of injury prevention (i.e., hormone therapy). Routine examinations, diagnostic tests, treatments, and prescriptions for all other gynecological concerns (including birth control) shall be the responsibility of the athlete.

What type of primary insurance coverage should my child have?

- There is always the possibility that an injury or illness related circumstance as described above will require extensive medical care. It will be you and your son/daughter’s responsibility to cover the expenses incurred from such care. Therefore, if your son/daughter is not covered under your existing primary insurance policy, we strongly encourage you to provide them with a policy which covers injury (both athletic and non-athletic) and illness. It is important that you send a copy (front and back) of your medical insurance and prescription drug benefits card(s) with your son/daughter to school.
- In the instances of HMO or POS coverage, you may want to review your insurance policy and determine if your son/daughter’s medical expenses will be covered outside the network area. In most cases, policies of this nature will not cover your son/daughter while they are at school or will cover only a minimal percentage of expenses incurred. In the case where your son/daughter may require a surgical procedure to continue their athletic participation, every effort will be made to accommodate all facets of your insurance policy. If your HMO or POS does not release care/payment to our Fayetteville providers, and returning your son/daughter to “in-system” care would neither jeopardize their academic or athletic progress, they may be required to return to your network provider for service.
- If you would like information on purchasing an insurance policy that would cover your son/daughter while in school, please contact Laura Jones, UA Athletics Insurance Coordinator, at (479) 575-4208 for assistance. Laura may periodically contact you for information regarding your insurance plan, please assist her in this process.

Thank you for your cooperation. If you have any questions, please do not hesitate to call Laura at (479) 575-4208.



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INSURANCE QUESTIONNAIRE/INFORMATION

PLEASE ATTACH A COPY OF YOUR CURRENT MEDICAL INSURANCE and PRESCRIPTION DRUG BENEFITS CARD(S) (Front and Back)

SECTION I: MEDICAL SERVICE INSURANCE AGREEMENT – I acknowledge receiving the UA Athletics insurance procedural letter. I understand the extent of the University’s responsibility to a student-athlete who becomes injured or ill as a result of participation in the intercollegiate sports program at The University of Arkansas. I also understand that there is an assumed risk involved in playing intercollegiate athletics. This form must be filled out, signed and returned before the student-athlete will be allowed to participate in intercollegiate athletics at The University of Arkansas.

Student-Athlete’s Name - PRINT	Social Security #	Date of Birth
Student-Athlete’s Signature	Date of Signature	Sport
Parent/Guardian’s Signature	Date of Signature	Year of College (Fr., So., etc.)
Father’s Name - PRINT	Mother’s Name - PRINT	

Parents please indicate whether your child is covered under your present insurance policy. (Please circle) YES or NO
 IF he/she is covered, please provide us with the following health insurance information

SECTION II: HEALTH INSURANCE INFORMATION

Parent/Guardian’s / POLICY HOLDER’S
 Name: _____ Home Phone: _____
 Parent/Guardian’s/Policy Holder’s
 Address: _____
 City/State/Zip: _____
 Employed By: _____ Business Phone: _____

SECTION III: INSURANCE SPECIFICS

*Name of your insurance company: _____ HMO PPO POS
 (Please Circle If Applicable)
 Address of your insurance company: _____
 City/State/Zip: _____ Phone: _____
 *Policy Holder’s Social Security #: _____ *Policy Holder’s Date of Birth: _____
 *Policy Number: _____ *Group Number: _____

SECTION IV: RX INFO

*Rx Company Name: _____ *Rx Address: _____
 *Rx Phone #: _____ *Rx PCN: _____
 *Rx ID#: _____ *Rx Bin: _____ *Rx Group: _____
 * Relation to Dependent (01,02,03): _____ *Rx Cardholders Name: _____

Dental Coverage YES or NO (Need a Copy of Dental Card)	Vision Coverage YES or NO (Need a Copy of Vision Card)	Rx Coverage YES or NO (Need a Copy of Rx Card)
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