

PROCEDURE FOR FILING ATHLETIC INJURY CLAIMS

Oklahoma Panhandle State University provides a secondary insurance policy to which claims can be filed after being paid by the student-athlete's primary insurance carrier. The University's coverage is only applicable to injuries that occur while participating in official university athletic related activities. The secondary policy does not cover illnesses. It also will not pay on any responsibility you have with the primary carrier such as a deductible, co-payment, prescriptions, or medical equipment. If the athlete is not covered by a primary insurance, the school will not file with its secondary policy and all bills will be the responsibility of the student

Participation in Intercollegiate Athletic competition has inherent risk – one of which is injury. Oklahoma Panhandle State University provides quality care for all athletic injuries through its network of sport medicine providers. It is your responsibility to report all injuries to the athletic trainer! Do not seek treatment for any injury without consulting the athletic trainer! You will be evaluated and treated for your condition, as well as referred for specialty consultations.

Seeking initial treatment for any athletic injury without first consulting the OPSU athletic trainer will void existing secondary excess insurance coverage. You will be responsible for any and all professional fees incurred.

Should you incur any injury or illness not related to athletic participation, OPSU utilizes a network of health care providers for your convenience. If you are injured or ill, you must initially report to the athletic trainer for referral. In the event you must miss organized practice and/or games, the athletic trainer must be notified beforehand, so the appropriate coaches can be informed of your condition. It is your responsibility to notify the athletic trainer as soon as possible should you become ill.

Responsibility of the athlete

- Filing of the primary insurance in a timely manner
- Providing of all explanation of benefits statements and itemized hospital bills within a 3 month period of injury or it will not be filed with our secondary insurance
- filling out injury report/medical claim form after injury

Responsibility of the school

- when athlete has finished required work, the school will file with the secondary insurance policy

Signature

Date

MEDICAL CONSENT

In order for Oklahoma Panhandle State University Athletic Department Staff and Team Physician to care for you, we must get your permission to take care of you in times of injury, illness, and distress. Without your consent, you must know that you will not be touched or advised by any person employed by the Athletic Training Department. Also, you must understand that if you decline this medical consent that your participation in intercollegiate athletics at Oklahoma Panhandle State University may be denied by Oklahoma Panhandle State University Athletic Department. I (We) hereby grant permission to Oklahoma Panhandle State University Athletic Training Staff and Team Physician/Consultants to render to myself, and/or my son/daughter, any treatment or medical care deemed reasonably necessary. This includes preventive care, first aid, rehabilitation, and emergency treatment. Also, if deemed necessary, I (we) grant permission for hospitalization.

Print Name

Signature

Date

Parent/Guardian Signature (if under 18 years of age)

Signature to Decline

