

**ATHLETIC INSURANCE**

**2005-2006**

Dear Parents of St. Francis Athletes,

Please find pertinent information on our insurance policy in the body of this letter.

#### INJURIES...MEDICAL BILLS...INSURANCE COVERAGE...CLAIM PROCEDURE

Injuries do occur and we attempt to provide our athletes with the very best possible care. Medical bills are incurred when the athlete is treated, whether it be locally, during a road trip, or by a medical vendor in his/her own home area.

ONE FIRM STATEMENT: The NAIA does not permit us or any college or university to provide coverage or pay the bills incurred for expenses related to illnesses or conditions which are not sustained as the direct result of an accident in our intercollegiate sports program.

INSURANCE COVERAGE: The athletic accident insurance at St. Francis provides coverage for your son/daughter **for accidents while participating in official practice/games of intercollegiate sports.**

CLAIM PROCEDURE: All medical bills for your son/daughter incurred as the result of an injury in the intercollegiate sports program should be sent directly to your son/daughter or to your home address. In some cases the athletic department may get a copy of the bill, but in no case will the athletic department be the primary place for the bill incurred to be sent.

**PLEASE REMEMBER THAT IF YOUR INSURANCE IS AN HMO, YOUR SON/DAUGHTER MUST GO TO YOUR HMO PROVIDER FIRST. IF A NON-HMO MEDICAL PROVIDER IS USED, YOU MUST GET A REFERRAL FROM YOUR HMO CONFIRMING THAT YOUR HMO WILL COVER THE MEDICAL TREATMENT. OUR INSURANCE WILL NOT COVER UNLESS THIS PROCEDURE IS STRICTLY ADHERED TO.**

- A. Submit the bills incurred to your family plan or employer group insurance plan first. 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. An example might be that your son/daughter is no longer part of your group policy after attaining the age of twenty-three. Another example would be that your deductible has not been met.
- B. If there remains a balance after your family plan or employer group insurance plan has contributed towards the claim, send the claim sheet from the insurance company and a copy of the itemized bills incurred to Dave Laketa in care of the St. Francis Athletic Department.

If you receive a letter of denial from your family plan or employer group insurance plan, then send the letter of denial and a copy of the bills incurred to the St. Francis Athletic Department.

- C. If you and your family are not covered by either a family plan or an employer group insurance plan, a letter from you and your employer with verification will be necessary.
- D. If the bills incurred are not paid by the family plan or the employer group insurance plan exceeds \$500.00, the claim will be sent from the Athletic Department to our insurance carrier office, which is in Kalamazoo, Michigan, for processing. If they need any additional information, please cooperate with them and they will process the claim in the least possible amount of time. It is in your best interest to have the claim settled promptly since all the bills incurred are in your name.

#### LAYERS OF COVERAGE, BENEFIT PERIOD AND MAXIMUM MEDICAL

- A. \$0 TO \$500.00 - This accident coverage is through the Guarantee Trust Life Insurance Company. This is excess coverage and covers **ALL CLAIMS UP TO ONE YEAR FROM THE DATE OF THE ACCIDENT.** The bills incurred for this layer of coverage will be in the parent's name and must be submitted to the family plan or employer group insurance plan first.
- B. \$500.00 to \$15,000.00 per claim - This accident coverage is through Guarantee Trust Life Insurance Company and claims are processed by First Agency of Kalamazoo, Michigan. This is excess coverage and covers all claims up to one year from the date of the accident. The bills incurred for this layer of coverage will be in the parent's name and must be submitted to the family plan or employer group insurance plan first.

C. \$15,000 to \$25,000 per claim - This accident coverage is through Guarantee Trust Life Insurance Company and claims are processed by First Agency of Kalamazoo, Michigan. This is excess coverage and covers all claims up to four years from the date of the accident. The bills incurred for this layer of coverage will be in the parent's name and must be submitted to the family plan or employer group insurance plan first.

D. NAIA LIFETIME/CATASTROPHE MEDICAL PLAN

If you have any questions, please feel free to call me at St. Francis at 815-740-3464.

Thank you in advance for your prompt completion of the Parent Information Form.

Sincerely yours,

Dave Laketa  
Athletic Director

Enclosures

P.S. Please find attached the University of St. Francis Injury/Insurance Report Form (blue sheet). If your son/daughter is injured and your insurance does not pay the total bill, I would ask that you complete this form and give it to me as your son/daughter brings all the bills from all the medical providers and Statement of Benefits Forms from your company. This form will really enhance my understanding of the claim and will help us expedite the claim more quickly. **AGAIN, YOU NEED NOT SEND IN THE BLUE FORM UNLESS YOUR SON/DAUGHTER IS INJURED AND YOUR INSURANCE DOES NOT PAY THE TOTAL BILL.**

**UNIVERSITY OF ST. FRANCIS INJURY-INSURANCE REPORT**

**NOTE: Please fill out this form if your son/daughter is injured and your insurance does not pay the total bill.**

NAME \_\_\_\_\_

SPORT \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF INJURY \_\_\_\_\_

\_\_\_\_\_

PARENT'S INSURANCE CO. \_\_\_\_\_

|    | MEDICAL PROVIDER | DATE OF SERVICE | TOTAL BILL | INSURANCE PAYMENT | BALANCE |
|----|------------------|-----------------|------------|-------------------|---------|
| 1. |                  |                 |            |                   |         |
| 2. |                  |                 |            |                   |         |
| 3. |                  |                 |            |                   |         |
| 4. |                  |                 |            |                   |         |
| 5. |                  |                 |            |                   |         |
| 6. |                  |                 |            |                   |         |