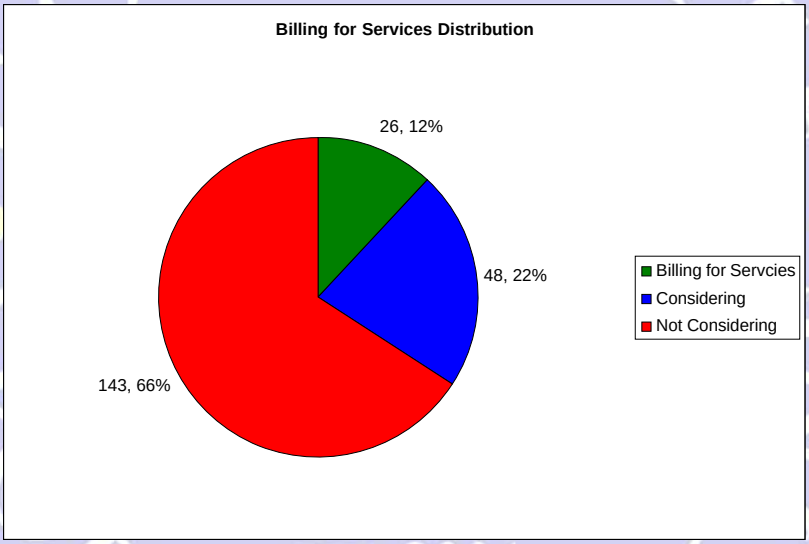
Collegiate Sports Medicine Foundation

College & University Reimbursement Survey Results

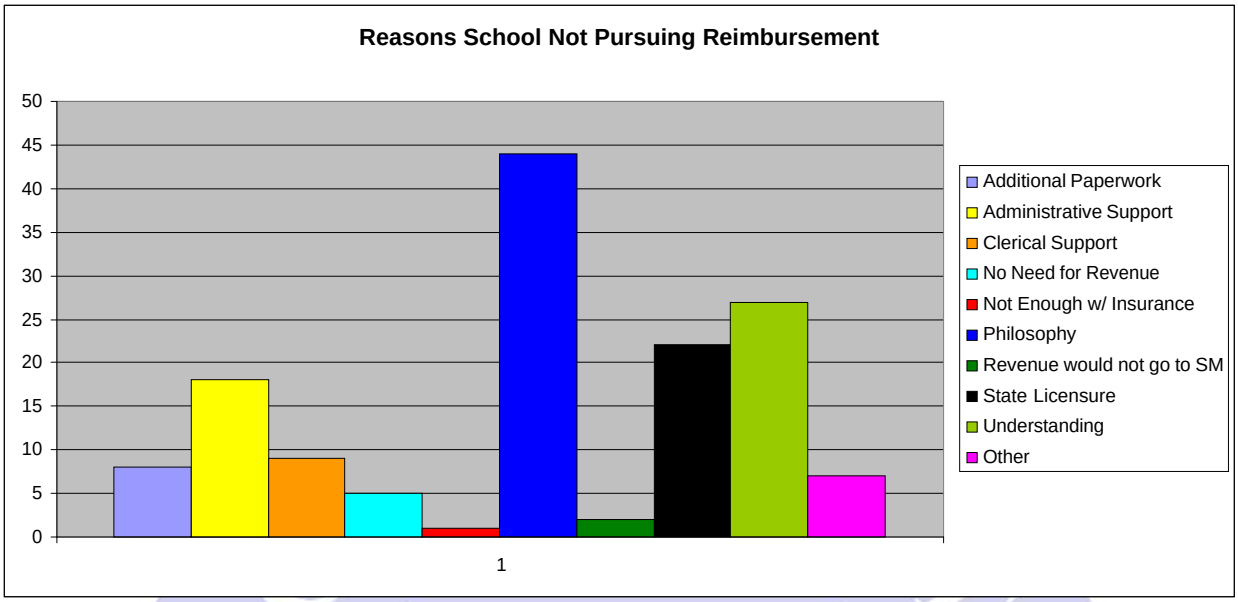
Date of Report: 3/13/2006

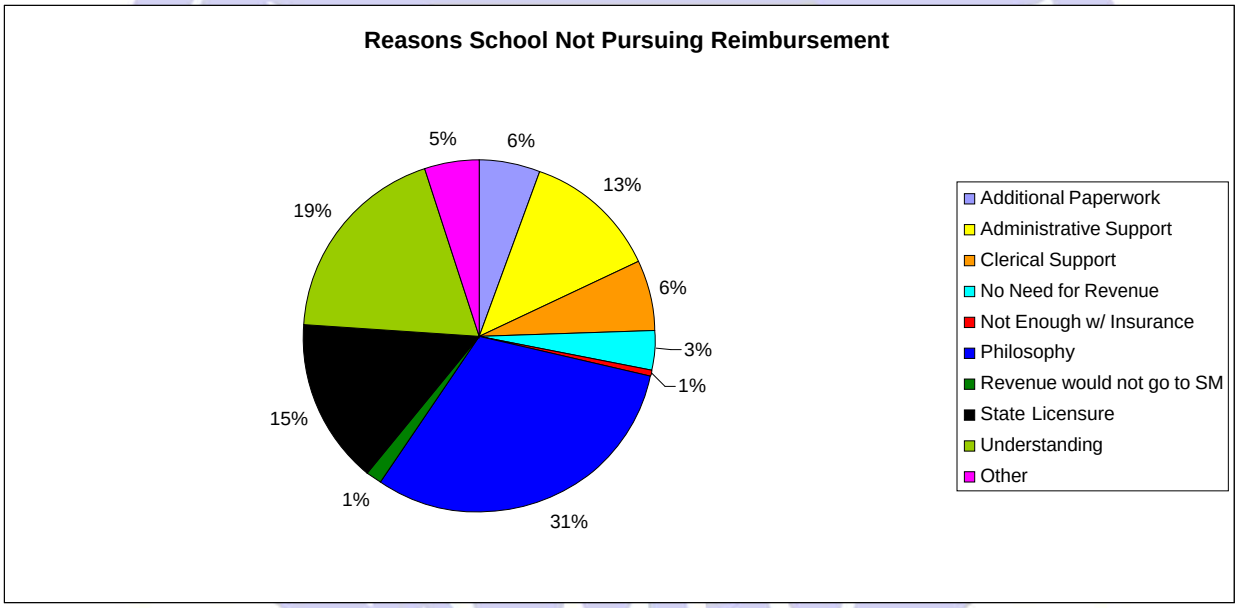
N = 217



Schools Not Considering a Reimbursement Model

143 of the 217 (66%) of the schools indicated that they were not seeking reimbursement for those services provided in the collegiate athletic training room nor were they considering this model.



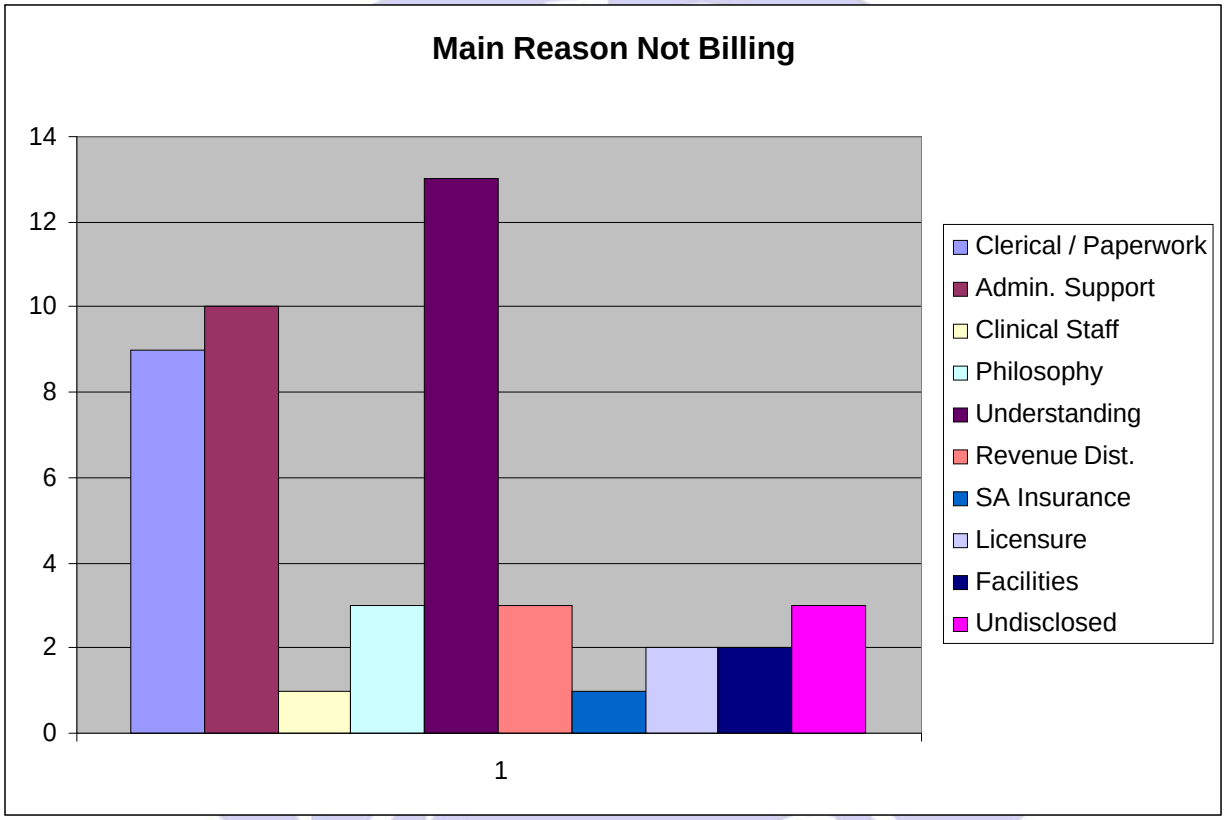


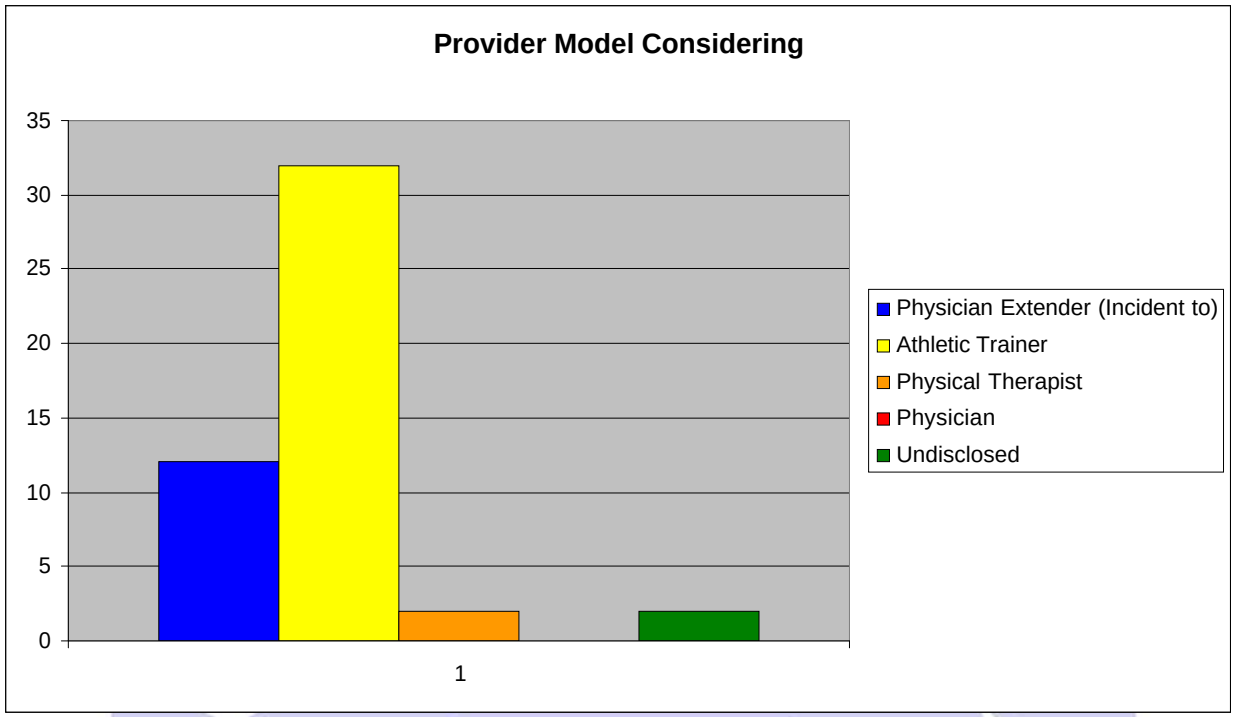
The philosophical principle of billing a student-athlete's insurance remains the number one reason for which collegiate sports medicine programs are not seeking reimbursement as a means to increase revenue and ultimately increasing the services available to the athlete. Due to the fact that this is a service that has been traditional provided for "free" there seems to be an understanding that this practice will continue into the future. Unfortunately, with the increased demands of the student-athlete, longer seasons, increased demands by the coaching staff, increased demands by the medical community and decreased budgets available to sports medicine budgets, college and university are going to have to look to "non-traditional" forms of revenue to keep up with the demands of health care. In the instance where the ATC doesn't philosophically agree with billing for services and the administration sees this as an opportunity to off-set expenses and increase services, the ATC may face some philosophical differences in his own administration. Thus the philosophical agreement to increase services available to the student athlete might override the philosophical difference of billing for services and thus would

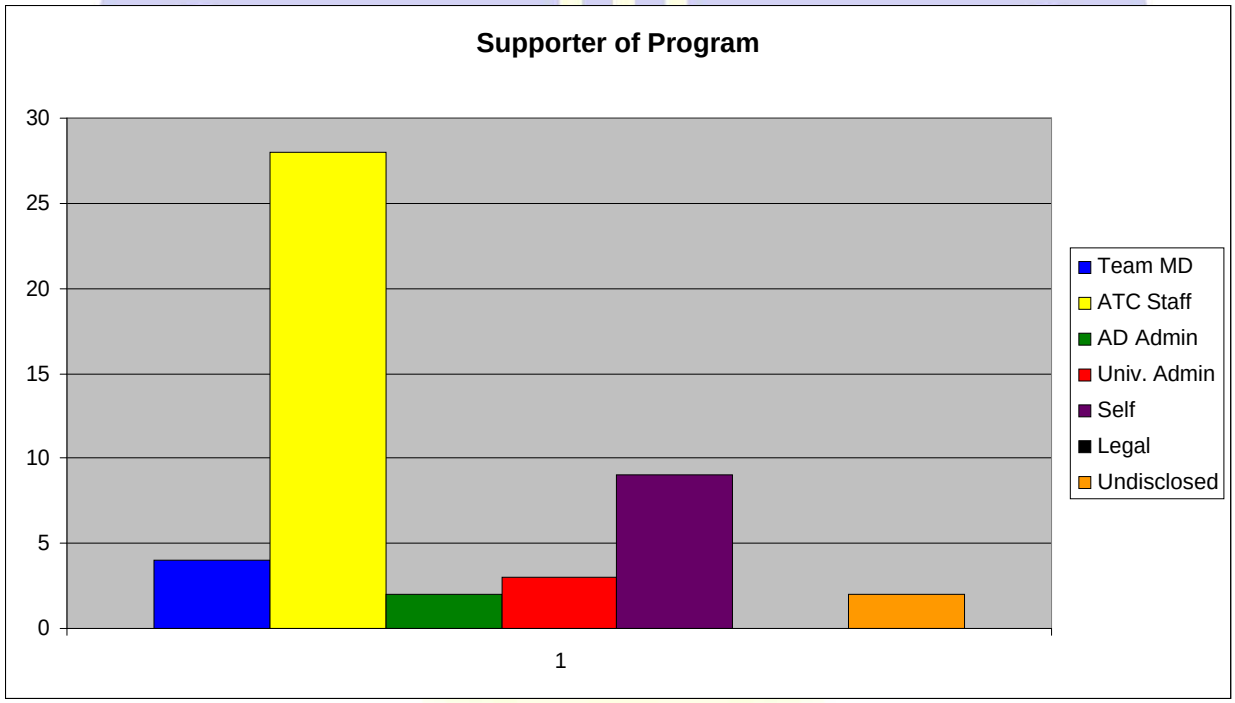
provide the collegiate sports medicine program to hire additional staff, retain existing staff, increase supplies and equipment providing an increase in medical services.

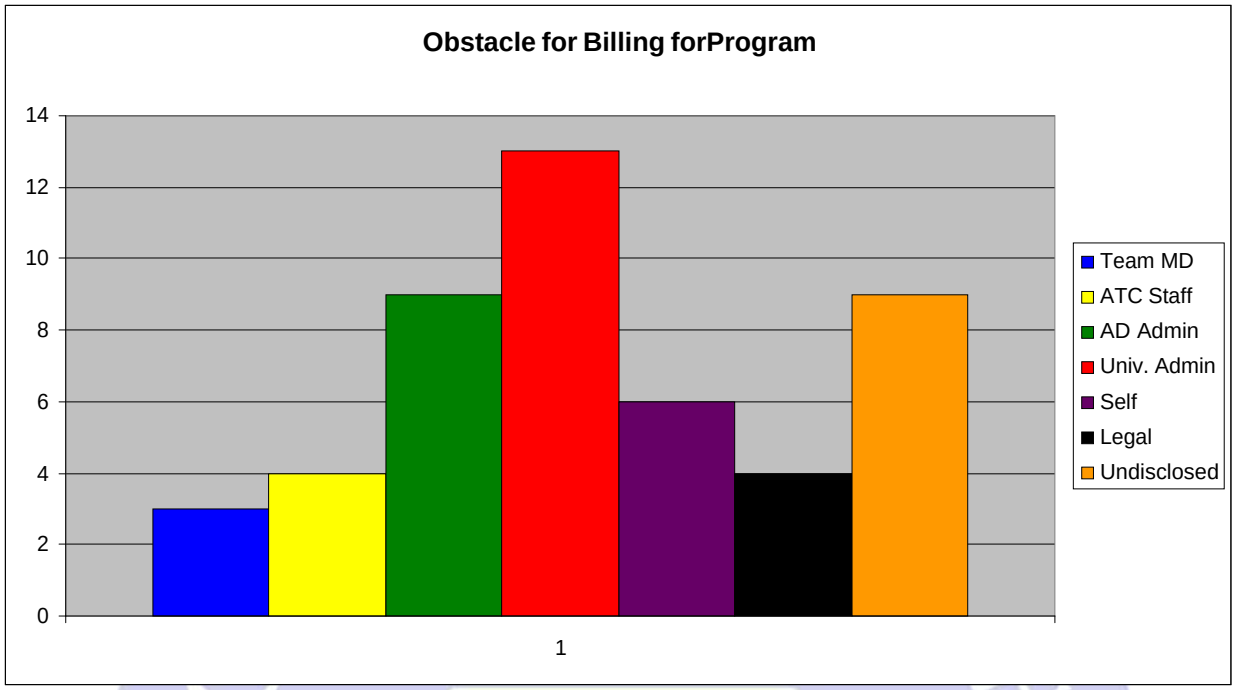
Schools Not Billing for Services – But Considering

Of the schools that replied 48 of 217 (22%) indicated that they were not currently billing for services provided in the collegiate athletic training room but were considering the possibility. In addition to the information below those 48 schools indicated that they would expect to see $78,000 in annual revenue. Other questions such as provider, obstacles and supporters of the program are addressed below.



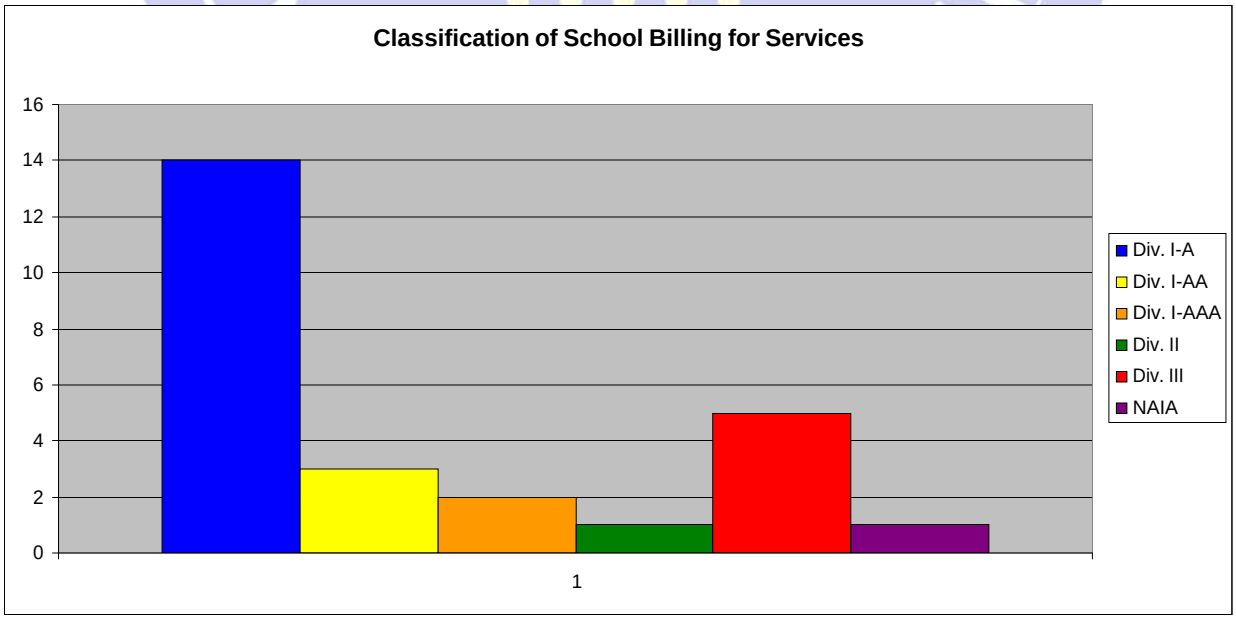

Provider Model Considering
35
30
25
20
15
10
5
0
1
Physician Extender (Incident to)
Athletic Trainer
Physical Therapist
Physician
Undisclosed

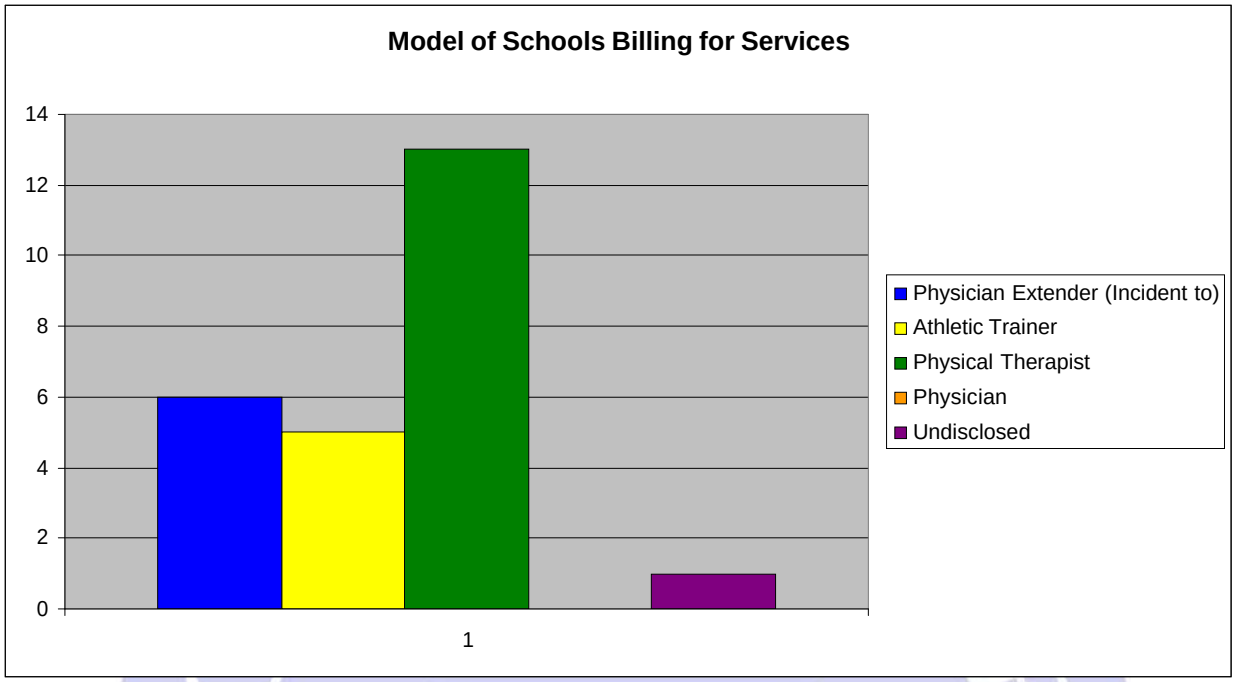

Supporter of Program
30
25
20
15
10
5
0
1
Team MD
ATC Staff
AD Admin
Univ. Admin
Self
Legal
Undisclosed



Schools Billing for Services

Of the universities that replied 26 of 217 (12%) indicated that they were billing for services provided in the collegiate athletic training room. We also addressed questions such as provider, impact on the program, years, and revenue generated. Of the 26 schools who had been participating in a revenue model, the average length had been 3.3 years with 8 schools within their first year. The average school generated $90,335 with a range from $15,000 to $290,000. Additional information below:





In summary there seems to be a vast misconception about revenue models or potential in the collegiate athletic training room. Most of the national focus has been in the clinical setting and rightfully so, however there is tremendous potential in the collegiate setting, especially in the "incident to" realm. There is a tremendous need for revenue however the uniqueness of the collegiate setting presents with its own set of challenges and the insurance company necessarily isn't the biggest obstacle. Many institutions indicated that an increase in revenue would have no impact on the sports medicine department due to those dollars being absorbed by the athletic department general account and thus time and efforts wasted. Other obstacles are in the impact of the school's secondary insurance premium. Other are in developing a business model and most consistently is how do we correctly account for co-pays and deductible.