Insurance Information
2004-2005

The UNCG Department of Intercollegiate Athletics carries an **excess** medical insurance policy for each student-athlete. This policy carries a $3,000 per injury deductible. In other words, **you and/or your primary medical insurance company must make $3,000 in actual payments before this insurance policy is activated.** Please remember that should you choose not to carry primary medical insurance, you are responsible for 100% of all medical bills up to $3,000. *We strongly recommended that you research and understand your insurance benefits prior to your arrival on campus. If the benefits are insufficient or non-existent (HMO), you may wish to call your carrier to inquire about alternatives. Another option would be for you to purchase the school policy, information available at www. student-resources.net.*

When a student-athlete is injured, all medical insurance claims will be filed with your personal insurance company. Once proof of $3,000 in payments is available, the following information is required from the student-athlete in order to process a claim with the secondary insurance company:

1) Itemized bills from all medical providers
2) Explanations of Benefits (EOB's) from your medical insurance company

The UNCG Athletic Training staff will assist in expediting the dissemination of this information to the secondary insurance company and process the remaining portion of the claim for you. **Please be advised that should a balance still exist after both primary and secondary insurance have paid, this will be the responsibility of the athlete.**

Please be advised that all injuries must be reported to a staff athletic trainer. We will advise the student-athlete of the proper protocol that must be taken to insure proper payment by all insurance companies involved. At no time should the student-athlete seek medical treatment without the prior approval of the Athletic Trainer. This action will jeopardize and/or remove responsibility from UNCG and its secondary insurance company for payment of medical bills.

Your signature on this letter indicates that you have read, understand and will comply with all that is stated above. Any false information will nullify UNCG from responsibility regarding any medical bills.

"I, _____ have read the above letter and understand that UNCG is responsible on a secondary basis only for injuries which occur in an official UNCG athletic practice or competition. I also verify that all the insurance information that I have provided is correct and complete."

_____ _____
Student-Athlete Signature Date

_____ _____
Parent Signature Date