



Judson University Athletic Training Emergency and Health Insurance Information and Authorization

PLEASE READ CAREFULLY!

- ▶ Judson University Department of Athletics' accident policy provides insurance for student-athletes with injuries occurring only when participating in the supervised play or practice of intercollegiate athletics. Judson University Department of Athletics' accident policy is considered "EXCESS" or "SECONDARY" to any other collectible group insurance benefits. Therefore, any claims for benefits must first be filed with the primary insurance company providing coverage. Only after all available benefits have been exhausted will the Judson University's insurance carriers consider payment for any remaining balances.
- ▶ Upon seeing a physician, I understand that I MUST file a claim form with the Health Center. Payments will only be made if the claim form is filed, otherwise payments are to be paid out of pocket by the athlete.
- ▶ I hereby authorize Judson University, the athletic trainer, hospitals, and physicians connected with or provided, to furnish information to insurance carriers concerning any illness, injury, and treatments and I hereby assign to the party all payments for medical services rendered to the student-athlete.
- ▶ I agree to supply any and all information requested by my primary insurance, Judson University, and their excess insurance company in a timely manner.
- ▶ I hereby authorize Judson University and their excess insurance company to secure and inspect copies of case history records, lab reports, diagnoses, x-rays, and any other data pertaining to the injury/illness I am receiving care for or previous confinements of disabilities relevant to the care of the injury/illness.
- ▶ A photostatic copy of this authorization shall be deemed as effective and valid as the original.
- ▶ I agree to notify the Judson University Athletic Training staff immediately upon any change in the above health insurance information. If I fail to do so, I fully understand that I may be responsible for any and all charges incurred.
- ▶ I hereby certify that I have read and understand the above statements, that any and all questions have been answered to my satisfaction, and that the answers provided are true, complete, and correct to the best of my knowledge.

Student-Athlete's Name (print) _____

Student-Athlete's signature _____

Date: _____

Parent/Guardian signature (if needed) _____

Date: _____