

Athletic Department Insurance Policy Information

Please keep this page and the cover letter for future reference.

In order to be eligible to practice and compete in intercollegiate athletics at Nebraska Wesleyan University, student athletes must:

1. Own an insurance policy or be covered by their family's insurance. Check your current insurance policy to be certain that injuries related to athletic accidents are covered by your policy.
2. Complete both sides and return the attached page relative to personal information, insurance coverage and consent releases.
3. Receive a physical examination provided by Nebraska Wesleyan University's medical staff. No physical exam forms will be accepted from outside sources. Nebraska Wesleyan provides physical exams for Wesleyan athletes at specified times (check with your coach or the NWU athletic home page for your designated time). If additional medical examination is required, it will be at the expense of the athlete. Physical examinations must be administered prior to beginning any Wesleyan sponsored intercollegiate athletic activity.

In the event of an injury during any official intercollegiate practice or game, the following procedures must be followed:

NOTE: Non-referred treatment is not covered under Nebraska Wesleyan's insurance policy. Pre-existing injuries, recurring conditions, overuse injuries, or aggravation of pre-existing injuries due to athletic participation are not covered benefits.

1. All injuries must be brought to the attention of a Certified Athletic Trainer immediately and referred to a medical professional within ninety days of the injury. Insurance claims must be submitted to Nebraska Wesleyan's excess insurance carrier within six months.
2. Nebraska Wesleyan's Certified Athletic Trainer, or in the absence of the athletic trainer in the event of an emergency, the head coach of the sport will refer the athlete to the appropriate medical provider. When the attending physician has released the athlete for further competition, all subsequent medical procedures related to the same injury are the sole responsibility of the athlete, parents, or guardians unless written approval from Wesleyan's designated medical personnel has been obtained.
3. Nebraska Wesleyan University provides **EXCESS COVERAGE** for athletes that incur athletic related injuries. This means that your family health plan is the "primary" carrier. If your son/daughter sustains an accidental athletic injury while participating in intercollegiate sports that results in medical expenses, you **MUST** first file a claim with the primary insurance company that provides medical coverage for your son/daughter.
4. After the family insurance has made a determination of payment, the parent/guardian should submit a copy of the itemized bills, along with a copy of primary insurance company's Explanation of Benefits (E.O.B.) showing the amount they paid on the claim, applied to your deductible, etc... Please send this information to:

**Dana Bates, Head Athletic Trainer, Nebraska Wesleyan University
5000 St. Paul Ave., Lincoln, NE 68504**

5. The claim will then be forwarded to the University's athletic insurance carrier for consideration of payment of unpaid balances (deductibles, co-pays, etc.).
6. If your primary family coverage is provided through an **HMO** or **PPO** plan, a health care provider approved by your plan must treat the injured athlete, except in the case of an emergency. Please acquaint yourself and your son/daughter with the guidelines for the health care of your son/daughter while they are attending Nebraska Wesleyan University. **Claims denied by your carrier for failure to follow their procedures and/or failure to seek care from an approved provider result in a 50% reduction of payable benefits by Nebraska Wesleyan's insurance carrier.**
7. Conditions which are not sustained as a result of an accidental athletic injury received while participating in supervised and scheduled practice or competition are **NOT** covered. Also, athletic insurance does not provide coverage or pay the bills for expenses related to illness or routine dental care.
8. Please inform your son/daughter if your primary insurance carrier requires a **SECOND OPINION** or **PRE-CERTIFICATION** before surgery. Proper procedures are necessary to assure there will be no reduction in your benefits.
9. Please provide your son/daughter with an insurance card and/or information. If medical treatment is necessary outside of the University, this information will assist the medical provider in filing a claim.
10. The University's insurance company reserves the right to limit medical care payments to "usual and customary" charges, and to limit the number of payable visits for chiropractic care.
11. Charges not covered by the athlete's primary insurance carrier and Wesleyan's excess insurance carrier are the sole responsibility of the athlete and parent/guardian.
12. Only charges incurred within 104 weeks of the occurrence will be considered for payable benefits. All charges must be submitted immediately after the primary has made payable benefits.
13. Please keep this information for future reference. Your cooperation is important to the success of this program. Thank you.
14. **QUESTIONS-Contact: Dana Bates, Head Athletic Trainer, Nebraska Wesleyan University
5000 St. Paul Ave, Lincoln, NE 68504 (402) 465-7545**