Dordt College Secondary Insurance Policy and Athletic Injury Procedure

I. Secondary Insurance Policy

Dordt College has a sports accident insurance policy that covers athletic injuries. It will only allow expenses not covered by your primary insurance carrier. Dordt College requires that you have acceptable primary insurance to participate in athletics, and must follow all procedures required by your insurance carrier and Dordt College. You are responsible for following the requirements of your primary insurance. Please make sure you contact your insurance company and understand if pre-certification is required on your policy before services are performed and whether you are restricted to using certain doctors. You will be responsible for expenses incurred if you do not follow the restrictions set by your personal insurance policy.

The secondary insurance policy will only cover injuries incurred while you are participating on a Dordt College athletic team. These include practices, games, and workouts. If you have a previous injury coming in, suffer an injury not participating in Dordt College athletics, or aggravate a previous injury, it may be considered a pre-existing condition and therefore not covered by Dordt College’s Secondary Plan.

II. Athletic Injury Procedure

When an athlete is injured participating in a Dordt College athletic program there are specific procedures that must be followed to receive proper care and avoid unnecessary confusion and worry. **It is important to see or contact our Athletic Training Staff ASAP following any injury, unless it is an emergency.**

The Athletic Training Staff, along with the athlete, will determine the correct course of action following an injury (ie. ER, Family Physician, Orthopedist, Treat in House etc..) If a referral to an outside source is necessary the Athletic Trainer will instruct the athlete to follow the necessary procedures in filing a claim with our Secondary Insurance Policy which is listed below.

The **first covered expense by a physician must be incurred within 90 days of the date of the accident** which caused the injury while participating in the covered activity. **Repetitive motion injuries must be diagnosed by a physician and occur within 30 days** of participating in a covered activity. **Heart or circulatory malfunctions caused by participation in a covered activity must be diagnosed by a physician and occur within 24 hours** of participating in the covered activity.
On surgical charges, when more than one procedure is performed in the same incision, coverage will be reduced to 50% on the secondary procedure and to 25% on additional procedures. Please remember that all charges are subject to the policy provisions and guidelines.

Procedures to follow when filing a claim are as follows:

1. Please present your primary insurance card to all doctor offices and hospitals at the time of injury, or ASAP after the injury. There are also ID cards for Dordt’s excess coverage that you should present to the provider so they are aware there is excess coverage. The Sioux Center Hospital, Sioux Center Medical Clinic, Sioux Center Chiropractic, ProActive Physical Therapy and CNOS have agreed to file claims to our secondary insurance so it is important to tell them this is a student athlete injury and present the ID card if available.

2. Please contact the insurance agent, Danielle Phillips, BMI Benefits, 1-800-445-3126 after an initial doctor or hospital visit to inform them of the incoming claim and to answer any questions regarding the process.

3. If you receive treatment from a provider not listed above, a copy of your primary insurance Explanation of Benefits and an itemized bill (not balance due statement) must be forwarded to the insurance agent, Danielle Phillips, BMI Benefits. If you have any questions on Dordt College’s Secondary Injury Policy or Athletic Injury Procedure please don’t hesitate to contact our Athletic Training Staff.

I have read and agree to comply with the Athletic Injury and Secondary Insurance policies as put forth by Dordt College Athletic Department. My signature below verifies that I have read, understand, and have been provided with a copy of these policies.

Athlete Signature ___________________________________________ Date ________________

Parent/Guardian/Spouse ___________________________________________ Date ________________

(If under 18, must have parent signature)