

**Tennessee Wesleyan College
Health Insurance Form 2010-2011**

Please fill out completely; leave no areas blank.

Failure to provide complete and current information and/or notify us of any changes could compromise and complicate access to the secondary coverage provided by the Tennessee Wesleyan College Athletic Department.

Student-Athletes Full Name _____

(First, Middle, Last; Please Print)

Date of Birth: ___/___/___ **SS#:** ___-___-___ **Male** ___ **Female** ___

Sport(s): _____

Father/Guardian Information	Mother/Guardian Information
Name: _____	Name: _____
Home Address: _____	Home Address: _____
_____	_____
Email: _____	Email: _____
Employer: _____	Employer: _____
Employer Address: _____	Employer Address: _____
_____	_____
Home #: () _____	Home #: () _____
Work #: () _____	Work #: () _____
Cell #: () _____	Cell #: () _____
Fax #: () _____	Fax #: () _____
SS# (needed for claims): _____ - _____ - _____	SS# (needed for claims): _____ - _____ - _____
D.O.B. ___/___/___	D.O.B. ___/___/___
Insurance Company Name: _____	Insurance Company Name: _____
Ins. Co. Phone Number: (____) _____	Ins. Co. Phone Number: (____) _____
Ins. Co. ID #: _____	Ins. Co. ID #: _____
Are you the head of household? ___YES ___NO	Are you the head of household? ___YES ___NO
Is your dependent son/daughter covered under this policy? _____ YES, _____ NO	Is your dependent son/daughter covered under this policy? _____ YES, _____ NO
Please, check all that apply:	Please, check all that apply:
___ HMO PCP Name: _____	___ HMO PCP Name: _____
___ PPO PCP Name: _____	___ PPO PCP Name: _____
___ Preauthorization required for medical/diagnostic services: Phone # () _____	___ Preauthorization required for medical/diagnostic services: Phone # () _____
___ Insurance covers Prescription medications	___ Insurance covers Prescription medications
INCLUDE COPIES OF THE FRONT AND BACK OF YOUR INSURANCE CARDS	INCLUDE COPIES OF THE FRONT AND BACK OF YOUR INSURANCE CARDS

READ CAREFULLY

- I agree to supply any and all information requested by my primary insurance, Tennessee Wesleyan College, and their secondary insurance provider, in a timely manner.
- As a student athlete, I agree to notify the athletic training staff of any injury (within 7 days of injury) and understand that I am responsible for initiating the secondary insurance claims process and at that time, a claims procedure form will be provided by the athletic training staff.
- I understand that failure to provide up-to-date primary insurance information can void any secondary coverage provided by Tennessee Wesleyan College, and the student-athlete and/or parents may be responsible for any and all charges generated from an athletic injury.
- I hereby authorize Tennessee Wesleyan College and their secondary insurance provider 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 or disabilities relevant to the care of the injury/illness.
- I understand that after primary and secondary insurance has been filed, any unpaid expenses are the responsibility of the student-athlete.
- I agree that all information provided is accurate and complete to the best of my knowledge. I understand that any incorrect or undisclosed information can result in processing delays.
- A photo-static copy of this authorization shall be deemed as effective and valid as the original.

YOU MUST SIGN ONE OF THE FOLLOWING AUTHORIZATIONS:

I hereby authorize Tennessee Wesleyan College to submit a claim on my behalf for all covered services rendered by the physician (s), hospital, and clinic. I authorize and direct my health insurance company to issue payment directly to the provider or to Tennessee Wesleyan College.

Student Athlete Signature: _____ **Date Completed:** ___/___/___
*(If under 18, parents **must** also sign below)*

Parent/Guardian Signature: _____ **Date Completed:** ___/___/___
*(If under 18, parent **must** also sign)*

Insurance Statement

I _____, am aware my personal health insurance or that of my parents or legal guardian personal health insurance is considered primary for all costs related to intercollegiate athletic injuries and it will be utilized to cover medical expenses incurred in the diagnosis, treatment, and rehabilitation of any athletic related injury or illness. It is understood that the insurance policy provided by Tennessee Wesleyan College is an excess policy that is only used as secondary coverage and that there is no guarantee that this policy will cover the remaining balance. Once the deductible has been met, the Tennessee Wesleyan College sports medicine staff will then file with secondary insurance to help cover the remainder of the costs. Any incorrect or undisclosed information will result in processing delays. **Once primary and secondary insurance has been filed, any unpaid expenses are the sole responsibility of the student-athlete and/or parent/guardian.**

I _____, am fully aware that it is my responsibility to notify the sports medicine staff of any injury within 7 days and to initiate the secondary insurance claims process for that injury. If I do not provide the sports medicine staff with the needed information within the time constraints of the policy, I do not hold Tennessee Wesleyan College responsible to utilize the excess policy. I _____, have copied the front and back of my current insurance card for the school year 2010-2011 and have attached it to this packet. In the event that my insurance should change throughout the year, I will immediately notify the TWC Sports Medicine staff of these changes as well as provide a copy of the front and back of the new insurance card. Failure to provide up-to-date primary insurance information will delay any secondary coverage provided by Tennessee Wesleyan College and the student-athlete and/or parent/guardian may be responsible for any and all charges generated from an athletic injury.

Signature: Student-Athlete

Name (Please Print)

Date

Signature: Parent/Guardian (If under 18, parent **must** also sign)

Name (Please Print)

Date

Drug-Testing Consent

In consideration of participating in athletics at Tennessee Wesleyan College, and further, in recognition of the need of Tennessee Wesleyan College to provide a stable, drug-free environment to its student-athletes, I do hereby consent to be tested for prohibited drugs in accordance with policies and procedures adopted by Tennessee Wesleyan College. I further agree that such testing may be either announced or unannounced and the results of said testing shall be utilized in part to determine my eligibility for participation in Tennessee Wesleyan College athletics as well as my participation as a student at Tennessee Wesleyan College. The testing results and disciplinary actions by the athletic department as well as the college shall become part of my educational records at Tennessee Wesleyan College subject to disclosure in accordance with my written Buckley Amendment consent and the Family Education Rights and Privacy Act of 1974

Signature: Student-Athlete

Signature: Parent/Guardian (If under 18, parent **must** also sign)

Name (Please Print)

Name (Please Print)

Date

Date

Consent for Medical Treatment

I _____, hereby authorize Tennessee Wesleyan College Athletic Training and Medical Staff,
(Print Student-Athlete's Name)
or anyone they may designate, to render care, including evaluation, diagnostic procedures, treatment and rehabilitation for any injury or illness I may incur while participating as an intercollegiate athlete for Tennessee Wesleyan College
_____ team and give permission for the medical staff to exchange information regarding my care.
(Sport (s) participating in)

I acknowledge that no guarantees have been made that the evaluation, treatment, and rehabilitation will cure or fully return me to participation. I authorize necessary medical treatment and admission to any medical facility designated by the Tennessee Wesleyan College Athletic Training and Medical Staff. I understand I have the right to make decisions concerning my health care including the right to refuse medical and surgical procedures. I also understand the final decision of whether I may continue to participate rests solely with the Tennessee Wesleyan Athletic Training and Medical Staff.

Signature: Student-Athlete

Signature: Parent/Guardian (If under 18, parent **must** also sign)

Name (Please Print)

Name (Please Print)

Date

Date

Authorization for Release of Medical Information

We expressly waive any rights under applicable state or federal laws, or College policy, including but not limited to The Family Education and Privacy Act (20 USC 1232), to the confidentiality of the following information:

We give our consent for the Certified Athletic Trainers, Team Physicians, or other medical consults to release information regarding the Student-Athlete's medical history, record of injury, surgery, and rehabilitation results as requested by coaches, athletic administration, parents or guardians, college officials, sports information, news media, or representatives of any professional or amateur athletic organization seeking information.

Signature: Student-Athlete

Date

Name (Please Print)

Signature: Parent/Guardian (If under 18, parent **must** sign)

NOTICE: ALL STUDENT ATHLETES ARE REQUIRED TO HAVE THIS FORM COMPLETED AND ON FILE EVERY YEAR.

Student-Athlete Information Form

Personal Information	
Full Name: _____ (First, Middle, Last)	
Preferred Name: _____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	SS#: _____ - _____ - _____
Birth Date: ____/____/____	Sport: _____
Phone Number: (____) _____ Additional Number (cell): (____) _____	

Hometown Information			
Street Address: _____ (Including apartment number, PO Box, RR, etc.)			
City: _____		State: _____	Zip Code: _____
Country: _____			
Parent/Guardian Name	Home Phone #	Work Phone #	Cell Phone #
1. _____	(____) _____	(____) _____	(____) _____
2. _____	(____) _____	(____) _____	(____) _____

Emergency Contact Information	
Name: _____	Relationship: _____
Phone Numbers: (____) _____ (h) (____) _____ (w) (____) _____ (c)	
Address: _____ State: _____ (Street, city, zip code)	

ATTACH A COPY OF THE FRONT AND BACK OF YOUR CURRENT INSURANCE CARDS FOR 2010-2011 TO THE BACK OF THIS PACKET