



ATTENTION STUDENT-ATHLETE PARENTS AND VALPARAISO UNIVERSITY STUDENT-ATHLETES:

Valparaiso University's Athletic Insurance is for any athletic injury sustained while an athlete is practicing or participating in Intercollegiate Sports.

The University's coverage is considered **SECONDARY** to the student-athlete's or family's own medical insurance coverage. Athletic injury claims must be submitted to the athlete's insurance *first*. Then, any remaining costs can be submitted to our insurance carrier for consideration. All bills must be submitted to our insurance company within a year of the date of service. **Any unpaid balances due after our insurance has released benefits will be the student-athlete's responsibility.**

*******IMPORTANT: IF AN ATHLETE'S INSURANCE COVERAGE CHANGES DURING THE COURSE OF THE ACADEMIC YEAR, THE SPORTS MEDICINE OFFICE MUST BE NOTIFIED IMMEDIATELY*******

INTERCOLLEGIATE ATHLETIC INJURY POLICIES

In order to file a Valparaiso University athletic injury claim, the following procedures **MUST** be followed. Failure to do so will result in non-payment of the claim.

1. The student-athlete must report his/her injury to the Athletic Trainer *immediately*.
2. **Athletes CANNOT seek medical treatment for an athletic injury without Athletic Trainer Approval; university insurance will not cover injuries not reported to the AT.**
3. Once he/she has received approval for treatment, the athlete must inform the provider that his/her insurance is primary, and *Valpo's insurance is secondary*.
4. **Student athletes and their parents are responsible for scheduling pre-authorization or physician referral appointments, when required by their insurance. (HMO, POS, etc.)**
5. If the athlete has no other insurance, the athlete is required to tell the provider to send the claim to Valparaiso University's **Sports Medicine Department**.
6. The Sports Medicine Department will complete a claim form for the injury, which the athlete will be required to sign. (Athletes will be contacted by their Athletic Trainer to sign claim form)
7. The Sports Medicine Department will request the primary Explanation of Benefits (EOB) from the athlete's parent/guardian.
8. Upon timely receipt of the EOB, the Sports Medicine Department will submit the claim to our insurance company.

ANY QUESTIONS REGARDING ATHLETIC INSURANCE CLAIMS SHOULD BE DIRECTED TO:

Valparaiso University
Athletic Recreation Center
ATTN: **Sports Medicine**
1009 Union Street
Valparaiso, IN 46383
(219) 464-5236 x 3