

ATHLETIC INJURY INSURANCE POLICY INFORMATION

Dear Parent,

Rio Hondo I.S.D. is providing your son/daughter with an accident/injury medical insurance policy while he/she is participating in a regularly sponsored U.I.L. sport and while taking part in sponsored try-outs or practice for such covered sports. This insurance does not cover illness, appendicitis, hernias, fainting, over-exerting, or stress fractures. It will only cover accidental injuries while participating.

A common misconception that is made is that the insurance and/or school district will pay for all the cost. Neither guarantees, nor representation is made that all expenses will be paid in full. This is a **SECONDARY** policy. This policy is designed to help offset deductibles and co-insurance. **It does not pay all medical costs.** Some payments may not be covered by this policy due to the exceeding of benefits allowed and/or treatments which are not covered. Parents are responsible for any charges that are not covered by this policy. The School District, it's Officers, and employees are neither responsible for medical expenses nor legally liable for any injury, which may result while participating in a school-sponsored activity.

This policy is **SECONDARY** (Supplemental) to any and all other insurance or benefits that you may have a right to at the time of injury. In the event you do not have any insurance covering your son/daughter, this insurance will be primary and pay under the terms of the policy, but there is an assurance there will be a balance incurred which will be the responsibility of the parent.

If your son/daughter is covered by Medicaid, CHIP, HMO or requires Primary Care Physician Referral from your primary insurance, then your son/daughter must obtain treatment through their primary physician before he/she can see a specialist (e.g. Orthopedic). The school athletic insurance will not pay if this procedure is not followed. Those who have primary insurance that require referral from the primary physician will have benefits denied from their primary insurance also if this is not followed.

If you have insurance covering your son/daughter and failing to provide this information on the athletic injury claim form and/or at the time of seeing the physician is considered fraud by the State of Texas. You can be prosecuted for this.

In case of an accident, a school official, namely our Athletic Trainer(s), will prepare an Insurance Claim Form, which will be official with his/her signature. This form is also to be filled out by the parent and then taken to the physician. If you have any other insurance you are also required to file that with the physician. Please return all copies of claim forms to the Athletic Trainer.

The Athletic Trainer must be made aware of all visits to the physician. This is not done to prevent an athlete from going to the physician, but so that we can make sure forms are filled out properly, records are accurate, and coordinate with physicians on the treatment and rehabilitation of your son/daughter. Medical treatment with a physician must be done within 90 days of the injury date or school insurance will deny any claims. Payments will be made by the insurance company for one year from the date of injury.

If you receive anything in the mail from your primary insurance, school insurance or bills and statements you may have questions about please bring them to the Athletic Trainer as soon as possible so that we may look into the matter. It is imperative that those who have primary insurance please submit copies of the Explanation of Benefits (EOB's) from your insurance company carrier showing what they have paid as soon as possible so that we may send them to the school insurance company for payment.

It is important that you write below if you have an insurance policy covering your son/daughter, so that we may avoid any delay or non-payment of claims. We may request a copy of your insurance card at the time of injury to have on file to help prevent any delays in payment.

Do you have Medicaid or CHIP that covers your son/daughter? Yes _____ No _____

Do you have Medical insurance that covers your son/daughter? Yes _____ No _____

Does your insurance require your son/daughter to see your family doctor before seeing a specialist? Yes _____ No _____
(Medicaid and CHIP require seeing your family doctor before seeing a specialist)

Insurance Company Name _____

I have read and understand the present insurance policy provided to my son/daughter by Rio Hondo ISD. I agree with the policy and will cooperate with the above conditions of the athletic insurance policy.

Parent/Guardian Signature _____ Date _____

Student/Athlete's Name _____

* A copy of the school insurance schedule of benefits can be obtained from the Athletic Trainer at the high school. *